

MANITOBA INSTITUTE
FOR PATIENT SAFETY

0607

ANNUAL REPORT

MISSION

To promote patient safety and quality health care for Manitobans

VISION

To be a leader among organizations in Manitoba and Canada in support of safe, quality health care

VALUES

Independence

Objectivity

Transparency

Accountability

Collaboration

Cultural Change

Learning and Improvement

Excellence

Equity

Champion for Change

OBJECTIVES

To promote, coordinate, facilitate, participate in, and/or stimulate research, activities and initiatives to enhance patient safety in the Manitoba health care system

To identify and monitor emerging issues related to patient safety and quality care

To promote best practices related to patient safety and quality care

To raise awareness of patient safety issues



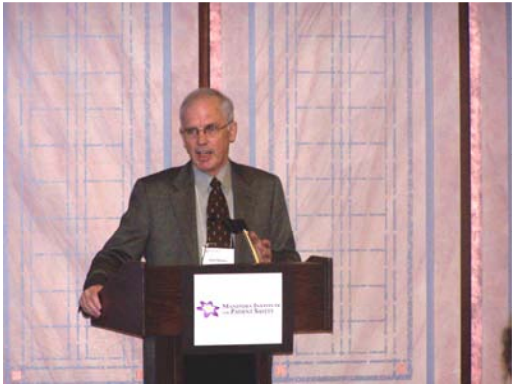
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The Manitoba Institute for Patient Safety is a registered charity. Individuals and organizations that would like to donate to the Manitoba Institute for Patient Safety may call (204) 927-6477 for information and forms.

This annual report was completed on May 30, 2007. A summarized version of this annual report is available. For copies of both documents, go to www.mbips.ca or contact Manitoba Institute for Patient Safety at (204) 927-6477.

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MESSAGE FROM THE BOARD CHAIR

This annual report marks the third anniversary of the creation of the Manitoba Institute for Patient Safety (MIPS). Three years is not long in the life of an institution, which was given a broad mandate to stimulate, coordinate and to support patient safety initiatives in Manitoba's complicated and dynamic healthcare system. The resources and authority provided to MIPS to accomplish these ambitious aims were limited. It was recognized, of course, that other institutions and groups would also be working on ways to reduce the preventable harm to patients in all parts of the healthcare system. Also, MIPS was expected to stretch its scarce resources by raising money for particular initiatives from sources other than Manitoba Health, and it was also expected to work with partners within the healthcare system.

Over the past three years, the range and variety of activities in which MIPS is involved have grown significantly. From being a brand-new and barely known institution, MIPS has acquired a profile and a reach in terms of influence, which is impressive. It has significantly increased its funding beyond the core operating grant provided by Manitoba Health. The different activities in which the Institute is involved and the working relationships it has established are described in some detail within the body of this annual report.

Three initiatives deserve special mention in this introductory message. "It's Safe to Ask" is a health literacy program targeted at vulnerable populations and health care providers. The program enables individuals and their families to contribute to the safety of their own care by encouraging them to ask three basic questions. It involves multiple partners and multiple funding sources. *Safer Healthcare Now!* is a national campaign to raise the profile of patient safety concerns and to change behaviour in order to reduce adverse events. MIPS has played a key role in spreading the campaign throughout the province by enlisting participants in all parts of the healthcare system. Finally, by the time that this annual report is released, the Patient and Family Advisory Committee to the MIPS Board of Directors will have been established. The Board of Directors is unanimous in its view that strengthening the voice of patients is critical to ensuring that honest and complete dialogues about things that go wrong in the health system take place, and that the unique knowledge of patients and families contributes to finding solutions.

As the founding Chair of the Board of Directors, I am very proud of what the Institute has accomplished in the three short, busy years. As noted below, most of the credit for its achievements must go to the MIPS staff, supported of course by the Board of Directors. While an excellent start has been made, there is much more to be done to fulfill the broad mandate of the Institute. The fact that my term as Chair ends in June, 2007 encourages me to state candidly that there are limits to what MIPS can accomplish based upon its present authority, funding and staffing. It has involved considerable

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creativity and staff time to develop project and financial partnerships with other healthcare and community organizations in order to supplement the core funding provided by Manitoba Health. Our strategic plan recognizes that such collaborative approaches will be the basis for success in the future. However, I see two potential problems associated with the Institute's need to generate significant revenues beyond the annual operating grant from Manitoba Health. First, long term planning becomes difficult. Second, identifying and working with partners have great benefits but it entails a great deal of extra staff work and means the Institute has limited freedom to set and act on its own agenda. In saying this, I recognize that Manitoba Health has tough budgetary choices about what activities to fund. However, when MIPS undergoes a formal evaluation in a couple of years, the question of whether there is a mismatch between a "big" mandate and a "modest" budget needs to be addressed.

In closing, I want to give most of the credit for the accomplishments of MIPS where it rightly belongs, namely to the Institute's three capable, professional and dedicated staff members. Juliet Cummins has been at the centre of the swirl of activities and provides excellent administrative and logical support on many fronts, including several which have involved learning new skills. Jan Byrd, our Analyst, has provided excellent leadership and support to several committees of the Board and managed a number of major projects, most notably "It's Safe to Ask". Of course, the catalyst, leader and coordinator of all the varied initiatives is our Executive Director, Laurie Thompson, who has brought ideas, energy, dedication and implementation skills to the many projects. As the Board Member who interacts most frequently with the staff, I want to express my personal admiration and appreciation to the staff for their efforts in general and their support to me as Board Chair.

It has been a wonderful learning experience to work with the other experienced, knowledgeable and dedicated Board Members. These individuals are all exemplary professionals and citizens who are passionate and committed to the goals of MIPS. The Board process has been challenging and has involved substantive debates, but the atmosphere has always been collegial and respectful, which has made my role as Chair easy and fun. I thank my Board colleagues, who are now friends for life, for their advice and support. Finally, thanks must be extended to our member organizations and other partners who have made a valuable contribution to MIPS evolving into a significant institution in the health field.

In the journey towards a safer healthcare system there are (to paraphrase the poet Robert Frost) "miles to go and promises to keep". All parts of the healthcare system must commit their ingenuity and resources to provide Manitobans with safe, quality healthcare to which they are entitled.

A handwritten signature in cursive script that reads "Paul G. Thomas".

Paul G. Thomas

Paul G. Thomas
Chair, Board of Directors

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MESSAGE FROM THE EXECUTIVE DIRECTOR

It is an honour and privilege to report on the 2006/2007 activities and accomplishments of the Manitoba Institute for Patient Safety. We have made great strides in pursuing our vision to be a leader among organizations in Manitoba and Canada in support of safe, quality health care.

Consistent with our Board's strategic direction, MIPS' contribution to improving patient safety this year largely focused on research, best practices, emerging trends, and raising awareness. Many examples are highlighted in this report.

We continued with some key patient safety initiatives and events that have become cornerstones of patient safety activities in Manitoba. We were also pleased to establish some exciting new relationships this year that led to a number of new projects that will have major impact upon patient safety, including It's Safe to Ask.

The positive response that It's Safe to Ask has garnered demonstrates that patients and healthcare providers want to dialog. We believe that if we can talk about It's Safe to Ask's three simple questions, we will improve communication and work together in improving quality and patient safety. In addition, perhaps we can improve our efforts in talking about other areas of patient safety and build a stronger culture of dialogue and partnership. We need to work toward having more open discussions about adverse events and disclosure of these events.

MIPS looks forward to continuing our tradition of collaborative work in the coming year. One of the projects we will introduce next year will be an initiative to reduce medication error caused by misinterpretation of some abbreviations, dose designations and symbols. We also recognize that many exciting initiatives are underway across Manitoba. As a result, MIPS will launch a "Patient Safety Activity Inventory" in the coming year to serve as a resource for sharing, learning and improvement.

In patient safety and in life, it is people who make the difference.

We collaborated with more than 30 groups in varying ways to collectively work toward improving patient safety in Manitoba. Funding, service-in-kind, expert advise, joint initiatives – all of these are important ways in which MIPS has worked and will continue to work with our sponsors, partners and stakeholders. We look forward to working with many more people in the coming years in our mission to promote patient safety and quality health care for Manitobans.

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Thank you to the Board of Directors for your vision and support, and particularly to Dr. Paul Thomas, who is completing his three-year term as board chair in June 2007. Dr Thomas' leadership has been invaluable and is greatly appreciated. Thank you to all our member organizations and the many impassioned individuals for their contributions to MIPS and patient safety. Last, but certainly not least, thank you to our staff, Ms. Jan Byrd and Ms. Juliet Cummins who bring great creativity, enthusiasm and perseverance to our work.

L. Thompson
Laurie A. Thompson
Executive Director





Manitoba Institute for Patient Safety: Who We Are

The Manitoba Institute for Patient Safety (MIPS) is an independent non-profit organization created in 2004 in response to recommendations made by the Manitoba Patient Safety Steering Committee. The Institute is incorporated under *The Corporations Act* and is now a registered charity. Core funding is received from a provincial government grant to cover operational costs. The Institute also partners with other organizations on projects of mutual interest and benefit.

The Institute is under the direction of a board of 12 directors. Five are appointed by the Minister of Health. Seven are elected by the members of the Institute.

2006/2007 Board of Directors

Dr. Paul Thomas, Chair
Mr. René Comte, Vice-Chair
Ms. Sue Neilson, RN, Chair, Audit Committee
Ms. Joan Blakley, RN, Chair, Finance Committee
Mr. Ronald Guse, Chair, Membership Committee
Mrs. Kim Poppel, Chair, MIPS Patient/Family
Advisory Committee
Dr. Brent Kvern, Chair, Research Committee
Dr. Catherine Cook
Dr. Robert Robson
Mr. John Stinson
Dr. Mark Taylor
Mr. Reg Toews



Back Row L-R: Dr. Brent Kvern, Dr. Rob Robson, Mr. Ronald Guse, Dr. Mark Taylor, Mrs. Kim Poppel, Mr. René Comte, Mr. Reg Toews
Front Row L-R: Ms Sue Neilson, Dr. Paul Thomas, Ms Joan Blakley
Missing: Dr. Catherine Cook, Mr. John Stinson

Staff Members

Ms. Jan Byrd, Analyst
Ms. Juliet Cummins, Administrative Officer
Ms. Laurie A. Thompson, Executive Director



Juliet Cummins, Laurie Thompson, Jan Byrd



It's Safe to Ask: An Initiative to Improve Health Literacy in Manitoba

In the 2005/2006 annual report, the Board decided to feature a discussion of the involvement of MIPS in a major development in patient safety each year. This year, we are focusing on patient safety and health literacy.

Asking questions is good for your health, and on January 9, 2007, the Manitoba Institute for Patient Safety (MIPS) reinforced that point as it launched *It's Safe to Ask*, a new province-wide public awareness campaign to help improve the safety of health care in Manitoba.

It's Safe to Ask encourages all Manitobans, along with their doctors, nurses and pharmacists, to discuss three simple questions:

1. What is my health problem?
2. What do I need to do?
3. Why do I need to do this?

Why is it Important to Do This?

When we visit the doctor or another health professional, we expect to leave knowing what our health problem is, what we need to do about it, and why. But for thousands of Manitobans that is simply not the case.

According to information released by the Institute of Medicine (IOM) in 2004 patients are increasingly asked to become more actively involved in their health care by engaging in decision-making, advocacy, information-seeking, and monitoring of their own health. Dialogue with health care providers is an essential part of being an active patient, yet people with low health literacy struggle – often invisibly – to cope with these demands. In many recent studies, including stakeholder consultations carried out by MIPS in 2005, patients and family members have reported difficulty in communicating with their doctors, and a lack of patient-friendly tools.

Over 43% of American adults are unable to read, understand, and act on basic health information (IOM, 2004; Schwartzberg, 2005). The figure is probably similar in Canada, where the 2003 Adult Literacy & Life Skills Survey found that 42% of adults lacked sufficient literacy skills to cope with the demands of life and work in our current society (Canadian Journal of Public Health, 2006).

American studies have found that low health literacy is most common among the elderly, minorities, persons with limited English proficiency, immigrants and those with low incomes (Baker 2005; Faguy, 2004).

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In Manitoba, 40% of the population has low literacy, 35% of adults have not finished high school. Eighty Percent of Manitoba seniors have low literacy. Fifty percent of the people in the lowest literacy levels do not speak English or French.

Patients in particular groups – seniors, Aboriginal Canadians, people with low literacy, those who speak English as an additional language, and new Canadians – often describe feeling as if they have no voice. They feel intimidated about asking questions of their healthcare providers.

In Canada, seniors are particularly likely to have low health literacy; they are also more frequent users of the health care system, and take more medications (Centre for Literacy, 2001). Unfortunately, many seniors overestimate their literacy skills (Centre for Literacy, 2001); they may also be reluctant to ask for health information because of their respect for the doctor-patient relationship and their socialization patterns. With many seniors taking several different types of medication, the potential for medication errors in the community is great.

Health literacy is also a particular concern for Aboriginal Manitobans, 45-70% of whom have less than a Grade 9 education (Statistics Canada, 2001). As treatment regimes become more complex, with many patients managing their health at home via multiple medications, inhalers, or devices to monitor blood sugar, health literacy and communication are becoming important issues for everyone.

The degree of health literacy patients possess has a major impact on their health, and experience of healthcare. Many patients are put at risk due to an inability to read, write, understand, and use basic instructions. People with low literacy skills have difficulty understanding vital information such as prescriptions, infection prevention, medication directions and follow-up care. Providers may not be aware of who has low health literacy.

Patients with low literacy may struggle with the multiple-step instructions, difficult text, and unfamiliar terms often found on prescription warning labels, and may even ascribe incorrect meanings to label colours and icons (Wolf et al., 2006). Signs displayed in hospitals and doctors' offices may contain words that are not understood by the general public, and health care professionals may make incorrect assumptions about an individual's ability to read, ask questions, and comprehend health information (IOM, 2004).

When people with low health literacy are given information and explanations that are difficult for them to understand, it is unlikely that they will apply them successfully to take care of themselves. Not surprisingly, patients with low literacy have less knowledge about their health problems (Weiss et al., 2005) and are more likely to be confused or inadequately informed about their condition and the processes of care needed to manage it (Shillinger, 2004). They have more difficulty identifying their medications and describing their treatment (Wolf et al., 2005), cannot easily read medication labels, and

may take medications incorrectly or fail to comply with health care instructions (Perrin, 1998). Worst of all, fear, embarrassment, shame, and limited skills keep patients with low health literacy from asking important questions of healthcare providers and clarifying the answers (Speros, 2005). Patients often hide their inability to read and understand healthcare information, or they may overestimate their ability (Safer & Keenan, 2005). When low health literacy is invisible, communication is not adjusted to meet the level of the patient.

Although frequently overlooked, low health literacy is a serious threat to patient safety, promoting misunderstandings, miscommunication, healthcare mistakes, increased hospital admissions, longer hospitalizations, and poor health outcomes, not to mention higher healthcare costs (Baker, 2005; Schwartzberg, 2006; Rudd, 2005; Weiss et al., 2005; Wolf et al., 2005). According to an American report by the Institute of Medicine (2004), low health literacy increases hospital admission rates by up to 30% and may cost as much as \$73 billion annually. Weiss and Palmer (2004) found that the relationship between literacy and health status remained even after covariates such as income were taken into account. The perils of ineffective communication between healthcare providers and patients are underscored by the fact that communication (or a lack of it) was a root cause of 70% of sentinel events reported to the Joint Commission Resources (JCR, 2006).

Increasing patients' understanding can make health discussions more effective and can contribute to reducing healthcare errors.

Every patient has the right to receive healthcare instructions and information that they can understand. Yet health information is often communicated in a way that is not appropriate or useful to patients with low health literacy (Baker, 2005; Centre for Literacy, 2001). More than 300 studies indicate that current health-related materials far exceed the average reading skills of US adults (IOM, 2004). Information and instructions that patients receive may be complex, illegible, poorly designed, poorly written, and delivered in a way that does not match the clients' literacy and language level (Baker, 2005; Rudd 2005).

Presenting health information in clear, plain language (e.g., ensuring that written materials are at no more than a Grade 5 reading level) (Mayer, 2004; Safer et al, 2005), and supplementing text with helpful graphics, cartoons, and photos (Baker, 2005; Davis & Wolf, 2004; Delp & Jones, 1996; Kickbusch, 2001; Rudd, 2005; Schwartzberg, 2005) are both ways to ameliorate the problem of low health literacy. However, better materials are only part of the solution. The key way to increase health literacy is to improve communication between patients and professionals. After all, a clear conversation in the doctor's office, hospital, or pharmacy is the only way to confirm that patients understand the information they have received and know how to act on it.

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Effective communication is a two-way street. Healthcare providers need to be aware of the problem of low health literacy and recognize the importance of adjusting their verbal and written communication (Hixon, 2004; Kleinbeck, 2005). Patients need to ask the questions that will provide them with necessary information.

In the USA, the Partnership for Clear Health Communication has developed *Ask Me 3*, a program to encourage patients to ask three basic questions about their healthcare. Preliminary research showed that, where the program was implemented, patients were indeed more likely to ask these questions. Almost all asked, “What is my main problem?” and a majority also asked, “What do I need to do?” although most did not ask the third question (“Why is it important for me to do this?”) during follow-up visits (Allison-Ottey, 2006).

INTRODUCING IT’S SAFE TO ASK

It’s Safe to Ask, the Manitoba Institute for Patient Safety’s (MIPS) initiative is patterned on *Ask Me 3*. Partners and Friends of It’s Safe to Ask, including health care organizations who have endorsed the initiative include:

- College of Physicians and Surgeons of Manitoba
- Manitoba Medical Association
- College of Registered Nurses of Manitoba
- Manitoba Pharmaceutical Association
- Winnipeg Regional Health Authority
- Winnipeg School Division #1
- Manitoba Society of Seniors
- Regional Health Authorities of Manitoba
- St. Boniface General Hospital
- First Nations & Inuit Health Branch
- Literacy Partners of Manitoba
- Mental Health Literacy Network
- Manitoba Health
- Klinik Community Health Centre
- The Prolific Group

It’s Safe to Ask encourages patients and families to request the information they need in order to become active participants in their care. The initiative includes easy-to-read materials for patients, as well as information kits for healthcare providers and organizations. The initiative’s goals are to raise awareness of health literacy issues, improve health literacy, and enhance communication between professionals and patients.



It's Safe to Ask is a step towards creating a healthcare culture that is more open and welcoming of patient and family involvement. By providing vulnerable Manitobans with tools to help them request the information they need, and by offering supportive education to healthcare providers, **It's Safe to Ask** promises to have a significant impact on patient safety in Manitoba.

It's Safe to Ask has a simple but powerful message that patient safety can be improved when patients understand the answers to these questions. The initiative is being launched province-wide after a successful five-month pilot project at six health sites.

1. What is my health problem?
2. What do I need to do?
3. Why do I need to do this?

The questions are a guide patients can use to start conversations, organize their thoughts, and help keep track of information. **It's Safe to Ask** makes use of both brochures and posters in which information is presented at a Grade 4 reading level.

The brochure gives patients the opportunity to record their health status, additional questions and information received from their health provider. Posters in health settings remind the public that **It's Safe to Ask**.

These patient tools are available in 15 languages to assist people with their healthcare visits: [Amharic](#), [Arabic](#), [Chinese](#), [Cree](#), [English](#), [Eritrean](#), [French](#), [German](#), [Korean](#), [Oji-Cree](#), [Ojibway](#), [Punjabi](#), [Russian](#), [Spanish](#), [Tagalog](#). The Poster is available in 7 versions. All have been reviewed by literacy experts and pilot-tested in six healthcare settings across Manitoba: an inner-city community health clinic, a French healthcare centre, two community pharmacies, and an acute-care ward at a major teaching hospital.

MIPS also created tools for healthcare providers, including information on low health literacy and its impact on patients' experiences, and strategies for more effective communication with patients and families. Both the tools and the accompanying implementation guide were evaluated by patients and providers at pilot sites. Participants' feedback was used to refine and improve the initiative in advance of its province-wide launch. In advance of the launch, educational material was provided to nearly 24,000 nurses, physicians, pharmacists and other healthcare providers across Manitoba.

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A public awareness campaign was launched when the initiative was introduced to Manitoba at a news conference on January 9th 2007. All major daily newspapers, television stations and news gathering radio stations attended, resulting in 25 media stories in Winnipeg and rural Manitoba. A story was also written for 55-Plus which reaches an important demographic for **It's Safe to Ask**. Reach is conservatively estimated at 500,000 – approximately half of the province.

While the public awareness campaign applies to all Manitobans, the Institute is making a special effort to reach those groups who traditionally have low-health literacy including: new Canadians, those whose first language is not English, seniors, Aboriginal peoples and those using mental health and disability services.

The public awareness campaign includes a dedicated website www.safetoask.ca, billboards in five rural centres (Selkirk, Portage la Prairie, The Pas, Brandon, Dauphin) and in Winnipeg, transit signage, radio commercials in 6 languages (English, French, Tagalog, Punjabi, Mandarin, German), and advertisements in 30 newspapers across the province. Brochures and posters are being distributed through Regional Health Authorities and were sent home with 35,000 students in Winnipeg School Division #1.

By March 31, 2006, after being live for three months, the It's Safe to Ask website received over 70,000 hits; 92% of users accessed the website using the www.safetoask.ca address.

By March, 2007, the initiative had been spread into over 65 sites including community health programs, medical clinics, hospital units, nursing stations, Manitoba regional health authorities, and Winnipeg School Division # 1. This reflects great partnerships built between many Manitoba groups including: patient safety, healthcare, regulatory bodies, immigrant services, seniors groups, First Nations services, government, adult education, literacy, family advisory groups, researchers, school divisions, and more.

MIPS partnered with the Manitoba Society of Pharmacists for Pharmacist Awareness Week (PAW) March 5 – 11, 2007 to raise awareness of **It's Safe to Ask**. All community pharmacies were sent a document about PAW and **It's Safe to Ask**. MIPS received an excellent response to the offer for material, particularly from rural and northern Manitoba. From PAW communications, MIPS sent out 2000 **It's Safe to Ask** brochures and 120 posters to community pharmacies interested in being involved!

MIPS continues to do many presentations to groups about **It's Safe to Ask**, and to exhibit information at conferences. Recently, MIPS exhibited for 450 chronic disease educators/nurses. MIPS also presented a Poster at the Canadian Health Care Symposium: Halifax 6, which had 600 registrants and sponsors. MIPS traveled to Calgary with a Poster to present at the Alberta Provincial Quality Improvement Forum with 300 people.

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In 2007-2008, MIPS will continue to showcase the Phase One work of **It's Safe to Ask**. Planned presentations include: Manitoba Pharmacy conference April 15/07, Manitoba Nurses' Joint Education Day May 9/07, CancerCare's Annual Education Day, October 19, 2007.

Between March and December 2007, a formal evaluation of **It's Safe to Ask** will be carried out by researchers from the University of Manitoba. Joanne Parker, Clinical Nurse Specialist, will lead the research team. It will include Dr. Alan Katz, Dr. Mark Taylor and Dr. Jose Francois. The team was awarded a total of \$50,000 from the Manitoba Medical Services Foundation and The Winnipeg Foundation to conduct the evaluation.

MIPS wishes to thank AstraZeneca, The Winnipeg Foundation, the Canadian Patient Safety Institute, the First Nations & Inuit Health Branch (Health Canada), and the College of Physicians and Surgeons of Manitoba for funding assistance provided in 2006-2007.

It's Safe to Ask will lead to stronger communication between patients and providers, more informed patients, increased awareness about the importance of communication, and will contribute to reduced healthcare errors and safer outcomes for patients.



Billboard of **It's Safe to Ask** displayed on Pembina Highway in Winnipeg

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Major Accomplishments 2006-2007

MIPS is pleased to present highlights of the work we have conducted regarding patient safety this fiscal year. These initiatives have been divided into four categories that represent priority areas for the Institute. We are committed to:

- providing more opportunities for more patients to have a voice in matters involving patient safety;
- creating and supporting initiatives that provide educational opportunities on patient safety matters for healthcare providers, as well as greater awareness within the healthcare sector and in the public domain;
- supporting research initiatives that can yield greater knowledge, understanding and information on methods and procedures that can improve patient safety, which in turn can be broadly shared with health care providers; and,
- providing support and greater awareness for initiatives and practices that can bring higher levels of patient safety.

Initiatives that Promote Opportunities for Patient Involvement

Early in 2007, MIPS began to recruit for the **MIPS Patient/Family Advisory Committee, (M-PAC)**. MIPS's goal in beginning the M-PAC is to provide a voice for patients and family members who have an interest in patient safety, experiences and opinions about provisions of healthcare, safety and the health care system – positive and negative. MIPS circulated information about M-PAC across the province. Interviews with potential M-PAC members were conducted in March. The newly formed M-PAC group will become active in 2007-2008. Watch the website for more details on their activities!



The Manitoba Institute for Patient Safety (MIPS) launched **It's Safe to Ask**, a province-wide public awareness campaign encouraging all Manitobans, along with their doctors, nurses and pharmacists, to discuss three simple questions:

1. What is my health problem?
2. What do I need to do?
3. Why do I need to do this?

Initiatives that Bring Greater Educational Opportunities and Awareness to Patient Safety Matters

In response to requests from stakeholders for more resources online, MIPS staff undertook a major **website revitalization**. The new and improved MIPS website includes an online calendar of events, extensive Patient Safety Resources as well as research, toolkits, and feature articles, information on Membership, and links to other Patient Safety and Quality sites.

MIPS once again chaired a multi-organizational committee and co-hosted the **Provincial Patient Safety Conference, *Leading Us to Excellence***, on October 25, 2006 at the Delta Winnipeg. Over three hundred registrants experienced a motivating keynote presentation by Dr. Paul Uhlig, a cardio thoracic surgeon from University Hospital, Cincinnati, Ohio. Dr. Uhlig is an internationally recognized expert on healthcare teamwork and patient safety. Four breakout sessions followed, addressing medication reconciliation, infection control, fall prevention, and patient safety in community settings. This year's "*Leading Us to Excellence Award*" was presented to Brandon Regional Health Authority, and the Care Team, Seven Oaks General Hospital. Dr. Paul Thomas closed with morning with an inspiring address, "Creating and Celebrating Local Heroes."

Partnering with Manitoba Health, the College of Physicians and Surgeons, and the Office of Continuing Medical Education at the Faculty of Medicine at the University of Manitoba, MIPS offered four physician workshops led by physician, Dr. Jose Francois. The Continuing Medical Education accredited workshops, titled **Improving Patient Care: The Basics of Patient Safety**, were held in Thompson, Dauphin, Brandon and at the Boundary Trails Health Centre. More than 40 physicians participated.

MIPS has received a great deal of positive feedback for our support of the webcast of **Halifax 6: The Canadian Patient Safety Symposium** in October 2006, which brought one of the most important national patient safety conferences in the world to 13 webcast sites across Manitoba. Hundreds of health care providers and community members viewed the two-day conference broadcast via webcast.

MIPS organized a satellite broadcast of the **Institute for Healthcare Improvement's Annual Quality Forum** from Miami, Florida. This webcast was held in Winnipeg in December 2006, and was viewed by 180 people over 2 days. Medbuy and the Canadian Patient Safety Institute were co-sponsors of the Winnipeg broadcast.

In collaboration with the Canadian Patient Safety Institute (CPSI), the Manitoba Institute for Patient Safety invited project proposals for the 2007/2008 **Patient Safety Studentship**. MIPS chose one proposal that best met the objectives of MIPS and the CPSI studentship, and has submitted this application to the Canadian Patient Safety Institute for a 2007-2008 Patient Safety Studentship. MIPS will provide matching funds to support the project if it is selected by CPSI.

MIPS once again coordinated **Canadian Patient Safety Week** in Manitoba, October 20-27, 2006. Many RHAs, institutions and community groups participated, using creativity to bring a greater awareness of the importance of patient safety. MIPS exhibited at hospitals, helped to organize speakers and events, listed all activities on our website, distributed media information, and participated in Patient Safety Awards Ceremonies.

In 2007-2008 MIPS continued to promote the use of its **Speakers Bureau**. The MIPS website has a list of experts on a number of patient safety topics. Honorariums are made available to speakers.

Initiatives Supporting Research on Patient Safety

The MIPS Research Committee selected MIPS Premier Member organization, the College of Registered Nurses of Manitoba to receive its annual Dr John Wade Research Award for *Napping During Night Shift: Practices, Preferences, and Perceptions of Critical Care Nurses*. Co-Principal Investigators, Wendy M. Fallis, RN, PhD and Diana E. McMillan, RN, PhD, as well as Co-Investigator, Marie Edwards, RN, PhD will carry out the research. A report will be submitted to the Institute by early 2008 and shared.

For the second year in a row, MIPS is a decision-making partner in a **Culture of Safety research project**, partially funded by the Canadian Patient Safety Institute. MIPS is assisting with the testing of a new Culture of Safety Survey that was previously used only in acute-care settings, but is being modified to capture the opinions and beliefs of health care staff across the continuum of care. Working with York University, MIPS sent out over 6,000 Culture of Safety Surveys to staff in Manitoba health care organizations. Three waves of data were collected in Fall 2006 from all direct care staff in acute and community settings across three Manitoba Regional Health Authorities. These surveys help to measure the degree to which safety and openness are valued in health care organizations.

Data collected from the previous year was shared with participating regions in the summer and fall of 2006, capped by a visit from Principal Investigator Dr. Liane Ginsburg to explain the preliminary results and discuss implications for quality improvement and patient safety in the participating workplaces. An Executive Summary of this report is available at www.mbips.ca

The Manitoba Institute for Patient Safety is pleased to be a partner in an exciting research initiative with the Canadian Association of Paediatric Health Centres (CAPHC) in their project *“Reducing Harm in Paediatric Care: Learning About Adverse Events and Near Misses Using a Validated Canadian Paediatric Trigger Tool”*.

The Faculty of Nursing (University of Manitoba) project “*Researching Patient Safety from an Education-Systems Perspective*”, partially funded by MIPS, is near completion. MIPS looks forward to the important implications for nursing and health discipline education. Results will be shared with the health care community in 2007/2008.

MIPS was asked to participate on the research team for the project “*Patient Safety and Transition to Day Hospital*”, as well as being a decision making and funding partner with the Canadian Patient Safety Institute. This is an important project that focuses on patient safety and the elderly.

Initiatives that Promote Safer Health Care Practices

MIPS continues to support the grassroots patient safety initiative, *Safer Healthcare Now!* Since being launched in 2005, the amount of teams involved in the initiative has more than doubled. These teams are applying best practice at the bedside, including prevention of adverse drug events, prevention of surgical site infection, appropriate care for acute myocardial infarction, implementation of rapid response teams, prevention of central line infections, and prevention of ventilator associated pneumonia. As of February, 2007, 46 Manitoba teams are enrolled in at least one intervention of Safer Healthcare Now. For details, go to www.saferhealthcarenow.ca or www.mbips.ca

MIPS partnered with Manitoba Health to offer workshops on Critical Incident Investigations. Approximately 170 health care providers from across most Regional Health Authorities participated in person or by tele-health.

The board and staff of the Manitoba Institute for Patient Safety were involved in several **public events, annual general meetings, tele-health/teleconference meetings and conferences** in 2006-2007, reaching all Regional Health Authorities and attending major patient safety conferences across Canada and in the United States.

MIPS presented 14 exhibits at places such as:

- the Manitoba College of Family Physicians Conference,
- the Provincial Pharmacy conference,
- the NorMan Regional Health Authority,
- the College of Registered Nurses of Manitoba AGM,
- the Basics of Quality Improvement course in June, Winnipeg Regional Health Authority,
- the Family Advisory Committee of St. Boniface General Hospital,
- an awards ceremony at the Grace General Hospital and at Seven Oaks General Hospital, Concordia, during St Boniface General during Patient Safety Week, and
- the Provincial Patient Safety Conference.

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We made about **50 presentations**, including:

- Safer Healthcare Now! 3rd Learning Session in Halifax, Nova Scotia,
- District Health Advisory Council in The Pas,
- Faculty of Pharmacy, Symposium, University of Manitoba,
- NorMan Regional Health Authority Quality Day in Flin Flon,
- All Teams Quality Day at the Parkland Regional Health Authority,
- classes of the Red River Certificate Program in Health Services Administration,
- 60 physicians and leaders in NorMan Regional Health Authority,
- Health Canada,
- Central Regional Health Authority during Patient Safety Week,
- St Boniface General Hospital Family Advisory Committee,
- Nova Scotia Department of Health, and
- many presentations about Safer Healthcare Now and It's Safe to Ask.

We **attended and participated** in the:

- Long Term Care Association of Manitoba's Annual Conference
- Manitoba Pharmacy Conference,
- Enhancing Safety in Home, Community and Long Term Care conference in Edmonton,
- National Patient Safety Foundation's Annual Patient Safety Congress in San Francisco,
- Canadian Patient Safety Institute Research workshop in Ottawa,
- Executive Patient Safety Series in Kananaskis, Alberta,
- Joint Commission conference on Health Literacy in Chicago,
- quarterly meetings with the Western Provinces Organizations for Patient Safety,
- the Conflict Resolution Network's conference in Winnipeg, and,
- Halifax 6: The Canadian Healthcare Symposium in Vancouver and displayed a poster about It's Safe to Ask.

MIPS **hosted** a:

- Safer Healthcare Now session on measurement, called: Quarterly Reports-what they can do for you!, and
- PHIA Forum Part 2, roundtable discussion with community members and professionals about the *Personal Health Information Act*.

On June 7, 2006, The Manitoba Institute for Patient Safety held its second **Annual General Meeting** at the Delta Winnipeg. Dr. Rob Robson and Mr. Ronald Guse were elected to the Board by members of the organization. Dr. J. Dean Sandham, Dean, Faculty of Medicine, University of Manitoba, delivered an engaging presentation entitled, "Quality and Safety in Health Care." This year's meeting will be held on June 7, 2007 at The Fort Garry Hotel, 5:00pm.



Future Directions

Future Initiatives that will Support Research on Patient Safety

MIPS will complete its three-year commitment to survey Regional Health Authorities staff when we disseminate our third **Culture of Safety Surveys**. Analyzed data from the surveys will be provided to all participating RHA leaders.

In the Fall of 2007, MIPS will grant the 2nd annual **Dr. John Wade Research Award** to a Premier Member organization.

Future Initiatives that will Bring Greater Educational Opportunities and Awareness to Patient Safety Matters

The Manitoba Institute for Patient Safety initiated the creation of the **Manitoba Patient Safety Activity Inventory**. Beginning with the 11 Regional Health Authorities, MIPS will systematically gather and inventory all patient safety related activities in Manitoba. MIPS will share information from the Patient Safety Activity Inventory on our website and distribute it to regional health authorities, health care providers, organizations, and the public across Manitoba and Canada.

MIPS will continue to promote the use of its two **websites**. Both are receiving a large number of hits. Our corporate website, www.mbips.ca received 46,000 hits in the first three months of 2007. Our second website, www.safetoask.ca, received 70,000 hits by March 31, 2007.

Phase Two planning is underway for **It's Safe to Ask**. Among the initiatives being considered is the creation of a tool for people to use in which to list their medications and carry with them for convenient, accurate reference in health settings and in times of emergency.

Planning is well underway for the **Provincial Patient Safety Conference**, confirmed for the morning of Wednesday, November 21st at the Winnipeg Convention Centre. The Provincial Health Conference will immediately follow it.

MIPS, along with partner organizations, is planning **workshops** on communication and patient safety for students and health care providers, with an internationally renowned expert, to occur during the same week as the Provincial Patient Safety Conference.



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MIPS will continue to build upon its **Membership Recruitment** strategy and improve its **Communication Strategy** to garner feedback from its members and stakeholders about the best way to communicate timely patient safety information and resources.

Following a call for submissions, MIPS selected a proposal to submit to the Canadian Patient Safety Institute 2007-2008 **Patient Safety Studentship** competition. If successful, MIPS will match CPSI's funding of \$6,000.00 for a total of \$12,000 to a student over 4 to 7 months starting in September 2007. Supporting student projects will build capacity in patient safety in Manitoba and encourage students to apply a "patient safety lens" to their work.

The Manitoba Institute for Patient Safety is partnering with Regional Health Authorities of Manitoba (RHAM) to offer an exciting **Event for Leaders** for RHA Senior Management and Board Chairs to reflect on and learn about emerging trends in patient safety leadership.

Future Initiatives that will Promote Safer Healthcare Practices

The Canadian Patient Safety Symposium, Halifax 8, will take place in Winnipeg, Manitoba in October, 2008. The Manitoba Institute for Patient Safety is thrilled to have the opportunity to help showcase Manitoba and work alongside other national partners to make this world-class patient safety event a huge success when it comes to our provincial capital city!

Infection control is a priority for the Institute. MIPS plans to work with the Community and Hospital Infection Control Association (CHICA) to promote this important area of patient safety.

MIPS is working with partner organizations, the Winnipeg Regional Health Authority and the Manitoba Pharmaceutical Association, on a **Collaborative Abbreviation Project** to explore creative ways to discourage the use of common abbreviations as a way to prevent medical errors.

The Manitoba Institute for Patient Safety contributed funding to PrISM (Prescription Information Services of Manitoba) in support of a **Dispensing Project**, which will begin this year. The initiative addresses the provision of medication starter packs by nurses in regional health authorities. Patient safety will be improved, particularly in areas where pharmacy services are not readily available and by introducing ways to track the provision of medication in starter packs. The College of Registered Nurses of Manitoba, the College of Physicians and Surgeons of Manitoba, and the Manitoba Pharmaceutical Association are involved.



Future Initiatives that will Provide Greater Patient Involvement in Patient Safety Initiatives

MIPS is working with partner organizations to plan a **public forum** associated with the Provincial Patient Safety Conference in November, 2007.

The **MIPS Patient and Family Advisory Committee** will meet in early 2007/2008 as an advisory committee to the Board. We look forward to their contribution.

It's Safe to Ask, Phase 2, will focus on further involvement of patients and families in healthcare interactions, particularly related to the use of medications.

The **Collaborative Abbreviation Project**, noted above, will include promoting that patients, families, and the public review prescriptions with prescribers to assure legibility and to confirm a mutual understanding of prescription information.



Partners

In addition to our members, The Manitoba Institute for Patient Safety began building a network of partners across Manitoba and Canada including: Winnipeg School Division #1, Manitoba Society of Seniors, First Nations & Inuit Health Branch, Literacy Partners of Manitoba, Mental Health Literacy Network, Klinik Community Health Centre, Prescription Information Services of Manitoba (PrISM), Canadian College of Health Service Executives, University of Manitoba Faculty of Medicine Continuing Medical Education, York University, Canadian Patient Safety Institute, Manitoba Society of Pharmacists, AstraZeneca, The Winnipeg Foundation, Community and Hospital Infection Control Association, and Canadian Council on Health Services Accreditation. We look forward to working with our partners in the future!

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Members

The Manitoba Institute for Patient Safety continued to recruit new member organizations in 2006-2007. Membership applications are available on the MIPS website www.mbips.ca/membership.html. The Board of Directors encourages organizations wishing to work with MIPS to apply.

Members of the Manitoba Institute for Patient Safety as of March 31, 2007

Arthritis Society of Manitoba
CancerCare Manitoba
College of Family Physicians of Manitoba
College of Licensed Practical Nurses of Manitoba
College of Physicians and Surgeons of Manitoba *
College of Registered Nurses of Manitoba *
College of Registered Psychiatric Nurses of Manitoba
Concordia Hospital
Faculty of Medicine, University of Manitoba
Faculty of Nursing, University of Manitoba
Faculty of Pharmacy, University of Manitoba
Grace General Hospital
Long Term Care Association of Manitoba
Manitoba Centre for Health Policy
Manitoba Chiropractors' Association
Manitoba Dental Association
Manitoba Health *
Manitoba Pharmaceutical Association *
Manitoba Society of Medical Laboratory Technologists
Northern Medical Unit, University of Manitoba
Nursing Department, Red River College
Paramedic Association of Manitoba
Regional Health Authorities of Manitoba *
School of Medical Rehabilitation, Faculty of Medicine, University of Manitoba
Seven Oaks General Hospital
St. Boniface General Hospital *
Victoria General Hospital
Winnipeg Regional Health Authority *

* denotes *Premier Member*

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Scarrow & Donald LLP

SCARROW & DONALD LLP
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Fax: (204) 474-2886
www.scarrowdonald.mb.ca

April 20, 2007

AUDITORS' REPORT

**To the Board of Directors of the
Manitoba Institute for Patient Safety Inc.:**

We have audited the statement of financial position of Manitoba Institute for Patient Safety Inc. as at March 31, 2007 and the statements of operations, net assets and cash flow for the year then ended. These financial statements are the responsibility of the Institute's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, the financial position of the Institute as at March 31, 2007 and the results of its operations and cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Scarrow & Donald LLP

Chartered Accountants
Winnipeg, Canada

For this communication, together with the work done to prepare this communication and for the opinions we have formed, if any, we accept and assume responsibility only to the addressee of this communication, as specified in our letter of engagement.

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MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF FINANCIAL POSITION

MARCH 31, 2007

	March 31	
	2007	2006
ASSETS		
Current assets:		
Cash	\$ 96,849	\$ 128,627
Accounts receivable	10,594	29,192
Prepaid expenses	3,612	1,000
	<u>111,055</u>	<u>158,819</u>
Equipment:		
Equipment; at cost	46,400	44,183
Less: Accumulated amortization	<u>(15,500)</u>	<u>(5,100)</u>
	<u>30,900</u>	<u>39,083</u>
	<u>\$ 141,955</u>	<u>\$ 197,902</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable	\$ 15,888	\$ 76,110
Net assets	<u>126,067</u>	<u>121,792</u>
	<u>\$ 141,955</u>	<u>\$ 197,902</u>

APPROVED BY THE BOARD:

 Director
 Director

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STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2007

	<u>Year ended March 31</u>	
	<u>2007</u>	<u>2006</u>
Revenues:		
Province of Manitoba	\$ 583,900	\$ 518,800
Health Canada	-	24,878
Partnership project	26,810	-
Canadian Patient Safety Institute	10,000	5,000
Memberships	5,700	4,100
Interest	905	-
	<u>627,315</u>	<u>552,778</u>
Expenses:		
Salaries	237,516	147,285
Office operating	95,568	90,225
Board and Governance	67,231	50,357
Mandate operating	212,325	130,607
Moving and renovation	-	7,412
Amortization	10,400	5,100
	<u>623,040</u>	<u>430,986</u>
Difference between revenues and expenses	<u>\$ 4,275</u>	<u>\$ 121,792</u>

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STATEMENT OF NET ASSETS

YEAR ENDED MARCH 31, 2007

	<u>Internally restricted</u>	<u>Net assets invested in equipment</u>	<u>Unrestricted net assets</u>	<u>2007 Total</u>	<u>2006 Total</u>
Opening balance	\$ 53,000	\$ 39,083	\$ 29,709	\$ 121,792	\$ -
Invested in equipment	-	2,217	(2,217)	-	-
Internal restriction - re 2006	(33,000)	-	33,000	-	-
Internal restriction - 2007	75,167	-	(75,167)	-	-
Difference between revenues and expenses	-	(10,400)	14,675	4,275	121,792
Closing balance	<u>\$ 95,167</u>	<u>\$ 30,900</u>	<u>\$ -</u>	<u>\$ 126,067</u>	<u>\$ 121,792</u>

MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF CASH FLOW

	Year ended March 31	
	<u>2007</u>	<u>2006</u>
Cash flow from operating activities:		
Cash from Province of Manitoba	\$ 583,900	\$ 518,800
Cash from Health Canada	-	24,878
Cash from Canadian Patient Safety Institute	10,000	5,000
Cash from other sources	52,013	2,150
Cash paid to suppliers and employees	<u>(675,474)</u>	<u>(378,018)</u>
	(29,561)	172,810
Cash flow from financing activities:		
Acquisition of equipment	<u>(2,217)</u>	<u>(44,183)</u>
Change in cash	(31,778)	128,627
Cash, beginning of year	<u>128,627</u>	<u>-</u>
Cash, end of year	<u>\$ 96,849</u>	<u>\$ 128,627</u>

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NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2007

1. Purpose of the organization:

Manitoba Institute for Patient Safety Inc. is a provincial organization operating programs supporting safe, quality health care. Manitoba Institute for Patient Safety Inc. is incorporated under the Manitoba Corporations Act and is a not-for-profit organization under the Income Tax Act.

2. Significant accounting policies:

The financial statements have been prepared in accordance with generally accepted accounting principles. An assumption underlying the preparations of financial statements in accordance with generally accepted accounting principles is that the entity will continue for the foreseeable future and will be able to realize its assets and discharge liabilities in the normal course of operations.

The financial statements include the following significant accounting policies:

a) Accounting estimates-

Accounting estimates are included in financial statements to approximate the effect of past business transactions or events, or to approximate the present status of an asset or liability. Examples include the allowance for doubtful accounts, loss provisions and the estimated useful life of an asset. It is possible that changes in future conditions could require changes in the recognized amounts for accounting estimates. Any changes in these estimates will be reflected in the period in which the changes become known.

b) Financial instruments-

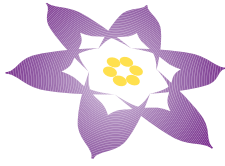
Management has estimated that the fair value of all financial instruments approximate their cost, as there is no active market for the assets and liabilities of the Institute that are financial instruments. Fair value is the amount that would be agreed upon in an arm's length transaction between knowledgeable willing parties who are under no compulsion to act. Fair value is an estimate, which is significantly affected by the assumptions and methods used in its determination. Further, estimation of fair value involves the use of subjective judgments and uncertainty. Fair value should not be interpreted as an amount which could be realized in immediate settlement of the instruments.

c) Revenue recognition-

Manitoba Institute for Patient Safety Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Equipment-

Equipment purchased is recorded at cost. Amortization is provided on a straight-line basis over the equipment's estimated useful life which for is between 3 and 5 years. This requires estimation of the useful life of the asset and its salvage and residual value. At the end of each accounting period management considers whether there has been a permanent impairment in the value of equipment by estimating the net recoverable amount of the unamortized portion. As is true for all accounting estimates, it is possible that changes in future conditions could require changes in the recognized amounts for accounting estimates.



**MANITOBA INSTITUTE
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