

**MANITOBA INSTITUTE  
FOR PATIENT SAFETY**



**ANNUAL REPORT 2005-2006**

## OUR MISSION

*To promote patient safety and quality health care for Manitobans.*

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## OUR VISION

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

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## OUR VALUES

Independence

Objectivity

Transparency

Accountability

Collaboration

Cultural Change

Learning and Improvement

Excellence

Equity

Champion for Change

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## OUR OBJECTIVES

- 1** To promote, coordinate, facilitate, participate in and/or stimulate research, activities and initiatives to enhance patient safety in the Manitoba health care system
- 2** To identify and monitor emerging issues related to patient safety and quality care
- 3** To promote best practices related to patient safety and quality care
- 4** To raise awareness of patient safety and quality care issues

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This annual report was printed on May 19th, 2006.

# MESSAGE FROM THE CHAIR

This Annual Report covers year two in the life of the Manitoba Institute for Patient Safety (MIPS), which was brought into existence in May 2004. A great deal of time and energy had been spent in year one on launching the Institute: bringing the Board of Directors together and creating a governance structure, fulfilling the legal requirements of incorporation, hiring staff, finding a permanent home and embarking on a strategic planning exercise to refine our mandate, set our directions and establish priorities. While building the basic infrastructure for its ongoing operations, the MIPS Board and staff also initiated a number of projects to achieve its mission of safe, quality health care for all Manitobans. These early projects were described in our first annual report and since most were meant to be ongoing, multi-year projects, they appear again in this second report. In addition, a number of new valuable developments are highlighted.

Achieving a safer health care system will require forward thinking, planning, and commitment, investment in human, organizational and technological resources and perseverance in the pursuit of the necessary changes to systems, procedures and cultures. MIPS is already playing an important role in this process through its work with a number of organizations and individuals. It plans to build an even wider range of activities over time in order to establish credibility and influence with health care providers, health care organizations, regulatory bodies, governments and citizens. Working with counterpart organizations at the national level and in other provinces,



Joan Blakley, Paul Thomas, Laurie Thompson at the Viola Leadley Lecture Series, Health Sciences Centre, May 2, 2005

MIPS will contribute to the sharing of knowledge and leading practices in all parts of the health system.

The contribution of MIPS to safer health care will be made mainly through influencing the thinking and behaviour of others who are the direct care providers and/or oversee the safety and quality of care. Our strategic plan identifies communication as a key activity to fulfill our mandate and it recognizes the need to design our communication strategies to reach and persuade a wide range of different stakeholders, each of whom has somewhat different perspectives on the issues of patient safety. MIPS can play a valuable role by providing a forum for the exchange of ideas and can assist in coordinating the approaches being adopted in the field of patient safety.

While it was brought into existence by government, the Institute operates independently in order to ensure that it can provide objective advice and commentary on patient safety issues. The MIPS Board of Directors sees itself as ultimately accountable to the people of Manitoba. It will share information on patient safety through its website, publications, the release of an executive summary of its strategic plan and

the circulation of this annual report, including to all members of the Manitoba Legislature. An advisory committee of citizen representatives is being developed to ensure that the patients' voice is heard more strongly in the dialogues over patient safety issues.

Annually the Board of Directors will appraise its own role in setting directions, deliberating on issues and working with the professional staff of the Institute to fulfill its mandate. Part of our strategic planning process involves the development of a framework to measure our progress in achieving our goals. This work will provide the foundation for a more comprehensive evaluation of the Institute's performance, which is required to take place five years after its creation. With no direct role to play in care provision and no regulatory authority, and with a limited budget and staff, the expectations of MIPS must be realistic. Also, attributing improvements in safer health care directly to MIPS will be difficult because its work will mainly be done through and with others in the health field. However difficult measuring our success might be, it needs to be done to enable improvement and for the Institute to be accountable for its performance.

I wish to thank my colleagues on the Board of Directors for their knowledge and dedication to the goal of safety quality health care. Especially through the committee system, directors contribute much more than attendance at the regular meetings of the full board. Leading a board of such committed and collegial individuals is a stimulating and gratifying role.

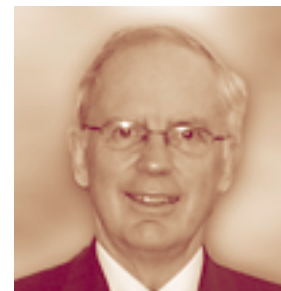
I also wish to thank on behalf of the Board the three dedicated staff members who juggle numerous activities with amazing dexterity, skill and professionalism. Answering the phone, greeting visitors, preparing documents and handling thousands of administrative details, Ms Juliet Cummins has

provided versatile and very capable administrative support. As our Professional Analyst, Ms Jan Byrd has assumed a lead role on several major projects and in support of a number of board committees. Our Executive Director, Ms Laurie Thompson, brings many years of experience in the health field to her role and has provided outstanding leadership in identifying initiatives, supporting the Board, working with numerous organizations and keeping everything on track. It may be a small staff, but is big on talent and commitment. As Chair of the Board of Directors, I could not do my job without their valuable help and I extend my sincere thanks to them.

In conclusion, the health care agenda is always crowded and changing. Studies of adverse events causing harm to patients have brought safety and quality issues to the forefront in recent years. Health care can never be perfectly safe. It is inherently complicated and risky, but it could be much safer than it is today and the momentum in support of improvements must be sustained. There is no guarantee, however, that safety will remain a top priority. MIPS must do all that it can to impress upon all parts of the health care system that problems related to safety are too frequent, require urgent attention and significant investments of money and time over the long term.

*Paul G. Thomas*

Paul G. Thomas  
Board Chair



# MESSAGE FROM THE EXECUTIVE DIRECTOR

This, the second year of the Manitoba Institute for Patient Safety's (MIPS) existence, has been even busier, more exciting and productive than last year!

Our first year in existence was largely spent in establishing the core operations of the Institute, gaining the input and perspective of the public, health care professionals and others in setting fundamental strategic directions and core values for their MIPS. We established key partnerships and laid the foundation required to begin actively pursuing our vision to be a leader among organizations in Manitoba and Canada in support of safe, quality health care.

This year, in order to further the Institute's objectives to promote, coordinate, facilitate, participate in, and/or stimulate research, activities and initiatives to enhance patient safety in the Manitoba health care system, we brought forth a number of exciting patient safety initiatives and events and began projects that will continue to build and grow over the coming years. We are both pleased and proud to be able to report upon these achievements in this annual documentation of the Institute's progress.

I would be highly remiss however if I did not highlight that our achievements were not created in isolation. Much of our work has taken place in collaboration with many individuals and many groups. In fact, in addition to the privilege of being



Tanis Rollefstad, at Telehealth presentation during Spring Tour

a part of what I fully believe to be one of the most important movements in health care in many years, one of the most gratifying parts of being at the Institute is witnessing how deep the desire to build safer health care runs in Manitoba. People have been incredibly supportive.

All the achievements listed in this year's annual report would not have been possible without the level of enthusiasm and commitment that health care professionals and organizations have shown in every corner of this province. Our experiences this year have made it extremely obvious that we are a province committed to positive change, renewal and growth – one that ultimately underlines that we will put the Manitoba patient front and centre in our thoughts, deeds and actions.

These experiences have highlighted areas where we need to capitalize on opportunities to improve.

MIPS can contribute to improving patient safety through partnerships with key groups to provide a province wide momentum for key initiatives. We are focusing our initiatives on working together to strengthen opportunities for positive change. I also know that “good things” are happening that are sometimes difficult to share due to time and resources. MIPS will work on facilitating the movement of initiatives and ideas

across home borders to broader audiences. This will build on the strong existing talent we have in our midst and minimize the need for others to start from scratch.

Our first major project included consulting with the public, providers, and key stakeholder organizations. About 200 individuals across 15 sites and 25 organizations in Manitoba participated. We completed these consultations and produced a summary document that is accessible on our website. We appreciate and thank the participants for their insight, opinions and perceptions of patient safety in our health system.

The valuable information garnered during our consultations helped guide the priority activities for the remainder of the second year of the Institute. Many of these initiatives are outlined in this second annual report. We welcome further inquiries on how you can become involved.

During the upcoming year, we will continue to meet with organizations and providers in Manitoba to raise awareness of patient safety, and to look for opportunities to collaborate and to promote excellence. Collaboration is essential to the success of MIPS and we will be looking for the assistance of all readers of this Annual Report to leverage further expertise, funding, time, and creative solutions.

Our third year of operation will include two new key activities:

- We will launch “Its Safe to Ask” across Manitoba in Fall, 2006. We are very excited about this important initiative and look forward to partnering with many groups, both in the health care community and the corporate community, to raise awareness of the importance of health literacy and the contribution that patients can make in improving patient safety.
- National Patient Safety Week is in October 2006. This is a week to celebrate achievements in improving patient safety. It is also a time to reflect on one’s own practice, our team and organizational environments, and ways we as members of the public, providers, and organizations can influence safe care. Part of the week’s events will be the Fall Patient Safety Conference on October 25, 2006. Watch our website for details.

Thank you to the Dr. Paul Thomas, MIPS Chair, and the Board of Directors for their vision, their expertise, and their continued enthusiastic support of the work of the Institute. Thank you as well to the wonderful work of our staff for their ability to sustain great energy, enthusiasm and commitment while multi-tasking to meet our ever-hectic schedule.



Laurie A. Thompson  
Executive Director



## 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's role is to promote, coordinate and facilitate activities that have a positive impact on patient safety throughout Manitoba while enhancing the quality of health care for Manitobans.

The Institute is under the direction of a Board of 12 Directors. Five are appointed by the Minister of Health. As the Institute evolves over time and takes on new member organizations, seven directors will be elected by the Institute membership. The Manitoba Institute for Patient Safety invites organizations to apply to become members.

The Manitoba Institute for Patient Safety is incorporated under *The Corporations Act*. The Institute receives core funding from a provincial government grant to cover operational costs.

### 2005/2006 BOARD OF DIRECTORS

Dr. Paul Thomas, Chair  
Mr. Rene Comte, Vice-Chair  
Ms. Joan Blakley, RN, Chair, Finance Committee  
Ms. Sue Neilson, RN, Chair, Audit Committee  
Mr. Ronald Guse, Chair, Membership Committee  
Dr. Catherine Cook  
Dr. Brent Kvern  
Dr. Robert Robson  
Dr. Mark Taylor  
Mr. Reg Toews  
Ms Danica Tercziski (until September 2005)  
Ms. Marj Watts



Back row: Brent Kvern, Paul Thomas, Sue Neilson, Catherine Cook, and Ronald Guse  
Front row: Robert Robson, Rene Comte, Reg Toews, and Joan Blakley  
Missing from photo are: Mark Taylor, Marj Watts, and Danica Tercziski

### STAFF MEMBERS

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



Juliet Cummins (seated), Laurie Thompson, and Jan Byrd

# MEMBERSHIP

**M**IPS' **Membership Strategy** continued to unfold in 2005-2006. Seven Premier Members joined in Fall 2005.

In the months following, a communication strategy to key organizations resulted in 13 new member organizations within two months. The Board and staff of MIPS extend a warm welcome to all new members!


Membership is open to organizations with a focus and interest in patient safety. Members will:

- represent the diversity that exists within the health care system,
- be provincial in influence and scope, and
- already be working to achieve excellence in this critical area of health care.

Members of the Manitoba Institute for Patient Safety:

- Will join together as a network of leaders in the field committed to advancing patient safety throughout Manitoba and across the nation,
- Are entitled to send a representative with voting privileges to the Annual General Meetings and to put forward a candidate for the Board of Directors,
- Have access to a forum for discussing issues, sharing best practices and working to improve patient safety,
- Influence and contribute to the future strategic direction and work of the Institute.
- Receive priority access to the latest developments in patient safety.
- Have the opportunity to participate in committee work and the Institute's Speakers' Bureau
- Will be part of an organization committed to promoting, supporting and recognizing cutting edge work being done in the field and in educating the public on patient safety.

The Board of Directors of the Institute welcomes applications of new members. Please download an application form at [www.mbips.ca/membership.html](http://www.mbips.ca/membership.html) or call the office at (204) 927-6477.



Neil Fast, Board Chair Winnipeg Regional Health Authority and Premier Member, MIPS, with John Wade, Board Chair, Canadian Patient Safety Institute

# MIPS' RESPONSE TO BILL 17

The MIPS Board wishes to use the Institute's Annual Report for more than a description of its activities. It sees the Annual Report as an information, education, and accountability document. To this end, the Board has decided to feature a discussion of the involvement of MIPS in a major development in patient safety for each year. This is not meant to assign lesser importance to other initiatives and ongoing activities, but rather to provide readers with more in depth treatment of a leading issue in the field. This year, we have chosen to focus on the mandatory reporting of critical occurrences and disclosure to patients.

## MIPS SUPPORTS BILL 17

In May, 2005, the Manitoba Institute for Patient Safety submitted a brief to the Legislative Committee reviewing Bill 17, The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act. The Institute supports Bill 17 as one important initiative in support of a safer, higher quality health care system serving all Manitobans.

The Bill received royal assent on June 16, 2005 and is to come into force on a date fixed by proclamation. When proclaimed into force, the Bill will amend both *The Regional Health Authorities Act (The RHA Act)* and *The Manitoba Evidence Act* to require the disclosure, reporting and investigation of critical incidents.



Dr. Paul Thomas and Donna Hill, at the Personal Health Information and Patient Safety Forum February 15, 2006

The objective of the legislation is to enhance patient safety by providing a more secure environment for the investigation of critical incidents, while protecting the right of affected individuals to know what has happened and the consequences.

In the legislation, "critical incident" is defined as:

An unintended event that occurs when health services are provided to an individual and results in a consequence to him or her that

(a) is serious and undesired, such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay, and

(b) does not result from the individual's underlying health condition or from a risk inherent in providing the health services.

The following are excerpts from the submission presented to the Standing Committee on Social and Economic Development Manitoba Legislature, May 31, 2005. A copy of the full report is available on the Institute website [www.mbips.ca](http://www.mbips.ca)

Issues related to patient safety have recently gained prominence on the agendas of governments across the world. Medicine and other health disciplines have always involved

a strong concern for the well being of the people they serve. However, in the past there has been an assumption of scientific certainty and a culture of perfection associated with the provision of health services. These attributes made it difficult to acknowledge and learn from mistakes or slips which contributed to adverse events causing injury, temporary disability, prolonged hospital stays and other unfortunate outcomes.

There is a strong consensus in reports on patient safety from a number of countries that incompetent or callous health care providers are rarely the cause of unwanted events. Instead, most errors are made by capable, well motivated but fallible professionals who are working in complicated, increasingly high-tech health care systems built on cultures which treat errors as moral failures. We need to develop professional health cultures that prize safety and are open to discuss errors and learn from them.

The aim of the patient safety movement is to move away from a culture of naming, blaming and shaming and toward a culture of prevention and learning. This does not mean removing the legal and moral responsibility and accountability

of health care providers and institutions for the provision of safe, quality care. Rather, what is needed is less emphasis on trying to pinpoint blame when something goes wrong and more emphasis on a culture of mutual, collective responsibility and accountability for meeting the needs of patients.

A legal issue that has come to the forefront in patient safety debates involves mandatory reporting of critical incidents and disclosure of information about adverse events to the public. The primary purpose of reporting requirements is to learn from experience. There are other methods that could be used to identify threats to safety, but a good reporting system contributes awareness of major hazards. Reporting is also important for monitoring progress in the prevention of mistakes and adverse events. It can also lead to the identification and sharing of best practices.

The debates over mandatory reporting and disclosure involve a tension between the public policy goals of encouraging honest dialogue about mistakes in order to improve patient safety versus the right of patients to know the reasons for outcomes and the requirement that individual care providers and institutions be held accountable for their actions or inactions.

Providing confidentiality for the information generated through review of critical incidents must be balanced against the public interest in access to information in order to allow patients to obtain satisfactory explanations of adverse events and to pursue various avenues of redress. The legal mechanism used to strike the appropriate balance is often referred to as qualified privilege, which amounts to sheltering information related to individual cases involving patient safety and quality improvement to be exempt from discovery in the course of legal proceedings.

MIPS believes that Bill 17 represents a reasonable accommodation of the various values and interests involved with the discovery and response to mistakes and adverse



events. It seeks to remove the fears of health professionals that the information they supply for the purpose of safety and quality reviews will not be used to their detriment. There is the requirement that critical incidents be investigated by Critical Incidents Review Committees and that written reports be provided to the responsible health agency. Retaliation against individuals providing information to the Critical Incident Review Committees is prohibited. There is also the requirement for health care organizations to ensure that persons affected by critical incidents will be fully informed as soon as possible about the facts involved, the consequences for the person and the actions taken to deal with those consequences. The information generated through the investigation process is protected from legal discovery and is not accessible through the Personal Health Information Act, the Privacy Act or the Access to Information Act.

Mandatory reporting, combined with disclosure to affected individuals and the requirement for investigations and follow up reports on actions taken to prevent a recurrence, represents a compromise among a number of values and interests that need to be protected. Care providers and hospitals cannot legitimately expect an entirely consequence-free process if the rights of individuals and the requirements for accountability are to be upheld. Patients and the public may not receive complete disclosure, but this is done in the interest of promoting information sharing and learning among caregivers.

In summary, the proposed bill creates a legislative framework which compels reporting, offers protection against punitive consequences for care givers who report critical incidents in order to improve learning, and requires disclosure of the



LoraJaye Gray, WRHA, Marlies van Dijk, Western Node Coordinator, *Safer Healthcare Now!*, at the November 16, 2005 Workshop

consequences of critical incidents to affected parties – all of which represents a reasonable balancing of interests and values.

Passage of this legislation will contribute to the necessary transformation of the cultures of the health care system by requiring professionals to report critical incidents and to discuss them honestly through a non-blaming, collective process of learning. For this reason, MIPS supports the bill. MIPS also believes that the practice of providing aggregated reports on critical incidents to the public as a way to share experiences and to strengthen accountability to the public should be in place. Such a practice would permit the identification of regional, provincial and national trends and add to levels of accountability within the health care system.

The long-term challenge behind all such reforms is to create health care cultures that prize safety, focus on it as a core professional value and is open to discussing mistakes in order to learn from them. MIPS intends to play an important role in achieving this goal for the benefit of Manitobans.

# MAJOR INITIATIVES & ACCOMPLISHMENTS IN 2005-2006

The Manitoba Institute for Patient Safety moved to our new home at 1720 – 330 Portage Avenue in August 2006. From this new base of operations, we have been better able to further the work of the Institute. On behalf of the Institute’s Board and Staff we are pleased to report upon the major initiatives and accomplishments that have taken place during the 2005-06 fiscal year, ending on March 31, 2006.

## CONSULTATIONS AND RESEARCH

**Stakeholder consultations** were completed across the province with health care providers and the public between March and May 2005. The purpose of these consultation meetings was to seek opinions and input on the strategic directions of the Manitoba Institute for Patient Safety. Participants came from all Regional Health Authorities, Cancer Care Manitoba and 3 First Nation Communities. Thirty-two consultation meetings took place across 15 sites. MIPS Board and staff also conducted consultation meetings with regulatory organizations, educational programs, non-profit organizations and other groups.

The consultations provided a wealth of information for the development of the Institute’s strategic directions. They affirmed MIPS objectives as relevant, and underlined the fact that patient safety is an important issue in the minds of public, providers and organizations – many of which have identified patient safety and quality as key priorities. A report was produced based on the participants’ perceptions and opinions about patient safety issues. It can be found on our website at [www.mbips.ca](http://www.mbips.ca). Thanks to all who participated in the consultations!

At the MIPS AGM in 2005, the Institute’s Board announced the creation of the “**Dr. John Wade Research Award**” in honour of Dr. Wade’s tireless work in advancing patient safety in Canada. The Dr. John Wade Research Award will be presented to an individual or group that is involved in patient safety research that is aligned with the objectives of the Institute.

We are also very pleased to report that a **MIPS Research Committee** was established this fiscal year to design a protocol for a Request For Applications, to review research award proposals, and to select successful projects.

MIPS spearheaded a **Personal Health Information and Patient Safety Forum**. In February 2006, a group of 28 committed professional representatives and public members sat down for a morning of frank discussion about patient safety issues, including recent developments such as:

- the Electronic Health Record;
- pending amendments to the Personal Health Information Act, Bill 17 (awaiting Royal Assent) that requires mandatory reporting of critical occurrences within Regional Health Authorities
- physician profiles on the College of Physicians & Surgeons website accessible to the public, and
- greater public insistence on involvement, transparency and accountability within the health care system.



Dr. John Wade

The Forum was viewed as a success by participants, who agreed that an open place to come together to discuss personal health information issues with such a diverse group of people is a rare and important event. Participants included physicians, lawyers, nurses, ethicists and administrators. A background discussion paper and synopsis of the proceedings is posted on the MIPS website. A follow-up forum is planned for early in 2006/2007.

In conjunction with York University, and supported in part by the Canadian Patient Safety Institute, MIPS is helping to test the use of a **Culture of Safety Survey**. The survey 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. In Fall 2005, MIPS sent out over 6,000 surveys as a means of assisting in measuring the culture of safety in Manitoba's health care organizations. Three waves of data were collected from direct care staff at acute and community settings in four Manitoba Regional Health Authorities.

## EDUCATION AND AWARENESS

The Institute is the Manitoba lead on *Safer Health care Now!*, a campaign spearheaded by the Canadian Patient Safety Institute to enlist Canadian health care organizations in implementing six targeted interventions proven to reduce mortality and morbidity. The campaign is also supported by the Institute for Health care Improvement (IHI), and is patterned after IHI's *100,000 Lives* campaign.

The six interventions include:

1. Deploying Rapid Response Teams
2. Preventing Central-Line Associated Bloodstream Infections
3. Preventing Surgical Site Infections
4. Medication Reconciliation: Prevention of Adverse Drug Events
5. Improved Care for Acute Myocardial Infarction
6. Prevention of Ventilator Associated Pneumonia

The campaign is open to all health care organizations and clinical teams (large and small) from across Canada. The six interventions, while primarily focused on the acute care sector, are drawing in others who play a key role at the interface of admission, discharge, transfer of care and ongoing care in the community. To date, 9 out of 11 Manitoba Regional Health Authorities and three Winnipeg hospitals – reflecting 23 teams in total – are participating in *Safer Health care Now*. We expect that number will continue to grow!

MIPS supported Manitoba Safer Health care Now teams through a Workshop in November 2006 entitled "Prairie Perspectives." In addition, Laurie Thompson, MIPS Executive Director, and Tanis Rollefstad, Western Node Safety Improvement Officer, met with most teams that have enrolled in specific interventions across Manitoba during a "Spring Tour" that took place March 13-17, 2006.

For more details on *Safer Health care Now*, including Getting Started Kits, please visit [www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca).

MIPS coordinated Manitoba's activities recognizing **National Patient Safety Week**, Oct 21-28 2005. A media launch with a panel of speakers was held in Calgary, Alberta, during the Canadian Patient Safety Symposium. MIPS circulated the media release from the CPSI to all Regional Health Authorities and Members of the Institute throughout Manitoba. The Institute also created a press release in French and English for distribution to media across the province.



Dr. Peter Norton, speaking at the Patient Safety Conference, November 4, 2005

The Institute was a proud co-sponsor of the 6th **Manitoba Patient Safety Conference**, called, *"Advancing Quality in the Name of Patient Safety: Leading Us to Excellence"* on November 4, 2005, in Winnipeg, Manitoba. The program for the conference included a panel discussion, an opportunity to share local and national success stories, and an Excellence Awards Ceremony.

**"Leading us to Excellence Awards,"** announced at the Patient Safety Conference on November 4, 2006, were presented to three local groups. All award winners presented their work on a recent **"good catch"**, which is defined as a corrective action and/or timely intervention in an event or circumstance that had the potential to cause an incident or critical incident.

Multidisciplinary award winners:

### **Deer Lodge Centre "Culture of Safety: Patient Lifts and Transfers"**

Team Members: Kathy Kelly, Jan Gunness, Luana Whitbread, Sherrise Abraham, Heather Nowatski, Diane Gantzel, Katherine Campbell, Laurie Wallin



Kathy Kelly, Deer Lodge Centre, John Borody, Addictions Foundation of Manitoba

### **St. Boniface General Hospital "Catch me if you can"**

Team Members: Melanie Connors, Myles Duff, Cheryl Swanson, Kathy Henderickson-Gracie, Poh Lin Lim, Lesley-Ann O'Hara, Cynthia Powell, Daunna Sommerfeld, Steve Clemis, Geoff Moore, Lisa Apergy-Taylor, Nadine Vickery



Melanie Connors, Nadine Vickery, St. Boniface General Hospital



Cenzina Caligiuri, Leslie Galloway, Orlando Padilla, Winnipeg Children's Hospital, John Borody, Addictions Foundation of Manitoba

### Winnipeg Children's Hospital "Please, can you give me the right chemo in my spinal?"

Team Members: Cenzina Caligiuri, Orlando Padilla, Karin Dixon, Leslie Galloway, Sara Israels, John Reimer, Ryan Sidorchuk

The conference and awards are an excellent source of information on patient safety in Manitoba and beyond. Therefore, MIPS is pleased to offer CD or VHS copies of the conference for lending. Presentations made by the panelists and the closing remarks are also available on our website at [www.mbips.ca](http://www.mbips.ca)

**It's Safe To Ask** is a provincial health literacy initiative being led by MIPS and a dedicated steering committee. Its official launch to the public will take place in late 2006. A project abstract about the project has already earned MIPS a Honourable Mention by the National Patient Safety Foundation. The paper will be posted on the US-based organization's website at <http://npsf.org/congress/posters.html> for display and recognition. Details on the initiative follow in this annual report.

During 2005-2006, MIPS was a **presenter or exhibitor** at numerous public events, annual general meetings, meetings and conferences. In addition to participating in numerous patient safety related teleconferences, audiolinks and webcasts, MIPS was pleased to sponsor webcasts for The Canadian Symposium: Halifax 5 from Calgary, Alberta, and the Institute for Health care Improvement's National Forum from Orlando, Florida. Approximately 300 people attended these webcast conferences in Manitoba who otherwise would not have been able to attend due to high travel and registration costs.

The Manitoba Institute for Patient Safety held its first-ever **Annual General Meeting** on November 4, 2005 at the Winnipeg Convention Centre. The meeting was well attended, and brought together many important patient safety stakeholders from across the province. Mr. Phil Hassen, CEO Canadian Patient Safety Institute, delivered an engaging presentation, entitled "Patient Safety Now!", impressing upon audience members that patients, providers, governments and others must work together to build and advance a safer health care system.

Phil Hassen, CEO, Canadian Patient Safety Institute, at MIPS AGM, November 4, 2005



# MIPS FUTURE DIRECTIONS: COMMUNICATION AND OUTREACH

Our strategic plan and continued consultations will continue to guide the Manitoba Institute of Patient Safety in setting and refining our strategic directions and focusing our efforts on actions and activities that are consistent with our mandate and vision.

The primary purpose of MIPS is to contribute indirectly to the reduction of harm to patients. In the following year, MIPS will continue to focus on activities related to the four objectives that drive the Institute. MIPS will:

- continue to develop a communication strategy to support the Institute's information and educational activities
- expand the membership base of the Institute
- strive to share best practices to an even broader group of health care professionals, and
- actively involve patients and families in the challenge to improve patient safety

As described earlier in this Annual Report, we will continue to expand our **It's Safe to Ask** initiative, promoting health literacy with health care providers and patients. We know that the degree of health literacy each patient possesses has a major impact on his or her health and will have a profound effect on his or her experience using health care. An inability to read, write, understand, and effectively use basic health care instructions and information puts many people at a disadvantage. **It's Safe to Ask** will offer information and

tips for both providers and patients to improve care, make care a more positive experience, and help reduce adverse events causing harm and critical incidents.

**It's Safe to Ask**, to be launched late in 2006, is a health literacy initiative aimed at these groups:

- Elderly people
- Aboriginal people
- People with low literacy, people who speak English as an additional language, and new Canadians
- Consumers of disability and mental health services
- Children and youth, and
- Physicians, pharmacists and nurses.

The momentum generated by *The Safer Health care Now!* Campaign, which introduced 6 interventions shown to reduce preventable harm to patients in hospitals, has been enormous. The response of participants and supporting organizations has been overwhelmingly positive! Although the official windup of the Canadian campaign is December 2006, preliminary discussions will be underway to determine the next iteration of the *Safer Health care Now* initiative, as we want to capitalize on the enthusiasm of teams across Manitoba and Canada. MIPS plans to work with the Western node of *Safer Health care Now* to plan a meaningful event

## It's Safe to Ask

When you talk to a **doctor, nurse** or **pharmacist**, ask these **3 questions** to help understand your health.

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



where teams can share lessons learned and celebrate successes with the many hardworking teams and leaders. We will share this information with all our stakeholders.

Plans are already underway to collect **Culture of Safety Survey** data in health care organizations. This next round of collection will commence in September 2006 and will target direct care staff in three Manitoba Regional Health Authorities and one large health care facility. The survey tool has been refined and will once again be used in community and acute care settings. MIPS will continue to collaborate with York University to share the results with organizations and participants. MIPS is also planning a third year of data collection in Fall 2007. At the end of this three-year project a Knowledge Transfer Symposium will be held to share the results and help organizations link their data to patient safety and improvement initiatives. MIPS is committed to ensuring that the information collected and analyzed is reflected back to all participants.

A **Patient Safety Conference** is scheduled for October 25, 2006. This will be a half-day morning event, adjacent to the Provincial Health Conference at the Delta Winnipeg. The Patient Safety Conference will build on the positive responses from last year's event in celebrating local successes and focusing on emerging issues and information.

Building upon the foundation of the National Patient Safety Week that was created this year, the Institute will partner with our stakeholders in October 2006 to showcase local initiatives in patient safety and share information on patient safety with providers and the public.

As the 2005-06 fiscal year ended, preliminary discussions were underway in support of the Institute hosting a **Multidisciplinary Discussion Forum** in the field of health

care provider education (e.g., Medicine, Nursing, Pharmacy) to meet and begin to discuss common issues related to patient safety.

MIPS is exploring the feasibility of sponsoring a **Visiting Patient Safety Scholar**, an expert who will be available for presentations and consultation with stakeholders on patient safety topics of interest. MIPS welcomes input on this initiative.

As MIPS is committed to strengthening the voices of patients, the Institute plans to establish a **patient advisory committee** in 2006-2007 to advise the MIPS Board on strategic directions and provide an essential set of perspectives. The Committee will provide advice and feedback on the activities of the Institute. MIPS is committed to hearing from patients and families, and to increasing consumer awareness of patient safety issues.

MIPS will continue to connect Manitoba providers and the public to patient safety learning opportunities through **weblinks, teleconferences and audiolinks** on specific patient safety topics. One exciting opportunity is the Canadian Health care Symposium, scheduled for October 20 and 21, 2006. MIPS is pleased to sponsor the webcast of this event to four sites across Manitoba. Check our website for further details on exact times and locations!

The Manitoba Institute for Patient Safety is pursuing plans to develop a Patient Safety **Speakers Bureau** in Manitoba that would help to connect experts in various aspects of patient safety to organizations who are planning educational opportunities for their staff or management. There is a wealth of local expertise, and we plan to help share this valuable knowledge across Manitoba. Further information will be available on the MIPS website as the initiative proceeds.

April 27, 2006

SCARROW & DONALD  
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## 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, 2006 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, 2006 and the results of its operations and cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.



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.

# FINANCIAL STATEMENT

## MANITOBA INSTITUTE FOR PATIENT SAFETY INC. STATEMENT OF FINANCIAL POSITION

MARCH 31, 2006

### ASSETS

#### Current assets:

Cash	\$	128,627
Accounts receivable		29,192
Prepaid expenses		1,000

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158,819

#### Equipment:

Equipment; at cost		44,183
Less: Accumulated amortization		(5,100)

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39,083

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\$ 197,902

### LIABILITIES AND NET ASSETS

#### Current liabilities:

Accounts payable	\$	76,110
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#### Net assets

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121,792

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\$ 197,902

### APPROVED BY THE BOARD:

 Director  
 Director

# FINANCIAL STATEMENT

## STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2006

### REVENUES:

Province of Manitoba	\$ 518,800
Health Canada	24,878
Canadian Patient Safety Institute	5,000
Memberships	4,100
	<hr/>
	\$ 552,778

### EXPENSES:

Salaries	\$ 147,285
Office operating	90,225
Board and Governance	50,357
Mandate operating	130,607
Moving and renovation	7,412
Amortization	5,100
	<hr/>
	430,986

<b>DIFFERENCE BETWEEN REVENUES AND EXPENSES</b>	<b>\$ 121,792</b>
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## STATEMENT OF NET ASSETS

	Internally restricted for Mandate operations	Net assets invested in equipment	Unrestricted net assets	Total
Opening balance	\$ -	\$ -	\$ -	\$ -
Invested in equipment	-	44,183	(44,183)	-
Internal restriction	53,000	-	(53,000)	-
Difference between revenues and expenses	-	(5,000)	126,892	121,792
<b>Closing balance</b>	<b>\$ 53,000</b>	<b>\$ 39,083</b>	<b>\$ 29,709</b>	<b>\$ 121,792</b>

# FINANCIAL STATEMENT

## STATEMENT OF CASH FLOW

YEAR ENDED MARCH 31, 2006

### CASH FLOW FROM OPERATING ACTIVITIES:

Cash from Province of Manitoba	\$ 518,800
Cash from Health Canada	24,878
Cash from Canadian Institute for Patient Safety	5,000
Cash from memberships	2,150
Cash paid to suppliers and employees	(378,018)
	<hr/>
	\$ 172,810

### CASH FLOW FROM FINANCING ACTIVITIES:

Acquisition of equipment	(44,183)
	<hr/>

CHANGE IN CASH 128,627

CASH, BEGINNING OF YEAR -

CASH, END OF YEAR \$ 128,627

# FINANCIAL STATEMENT

## MANITOBA INSTITUTE FOR PATIENT SAFETY INC. NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2006

### 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.

### 3. PERIOD OF OPERATIONS:

The Manitoba Institute for Patient Safety was incorporated May 21, 2004. Between that date and March 31, 2005 expenditures were processed through Manitoba Health. Effective April 1, 2005 the Institute began independent operations.

### 4. SECONDMENT:

The services of the executive director were provided by the Province of Manitoba on a secondment basis until December 31, 2005.

## MEMBERS

CancerCare Manitoba  
College of Licenced 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 Health\*  
Manitoba Pharmaceutical Association\*  
Northern Medical Unit, University of Manitoba  
Nursing Department, Red River College  
Regional Health Authorities of Manitoba\*  
Seven Oaks General Hospital  
St. Boniface General Hospital\*  
Winnipeg Regional Health Authority\*

\*Premier Member



**MANITOBA INSTITUTE**  
FOR **PATIENT SAFETY**

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