



**MANITOBA INSTITUTE
FOR PATIENT SAFETY**

0708

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 June 6, 2008. 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.



MESSAGE FROM THE BOARD CHAIR

I am pleased to present the Annual Report of the Manitoba Institute for Patient Safety (MIPS) for 2007-2008. This annual report marks the fourth anniversary of the institute's creation.

This fiscal year has been notable for the change, renewal and growth that have occurred at the institute. Change began early in June 2007 when Dr. Paul Thomas completed his three-year term as chair of the board. Under his leadership, the institute grew to become a full-fledged organization with an impressive profile within Manitoba and beyond its borders. For his work in laying the foundation for others to build upon, I extend to Dr. Thomas the deepest appreciation of our board and staff. Thanks are also extended to Mr. Rene Comte, our vice chair who fulfilled the role of chair of the board so capably.

At the same time, I want to recognize the contributions of outgoing board members, Dr. Catherine Cook, Mr. John Stinson and Dr. Mark Taylor, and welcome new members, Brian Bechtel and Carol Green, who joined the board at last year's annual general meeting, and Wendy Peppel, who came on board through a ministerial appointment.

With change comes the opportunity for further renewal, fresh ideas and new approaches. By providing wise counsel and enriching perspectives throughout the year, all members reinforced their commitment to a board that is open to new approaches and wider scope as it continues to guide our relatively new and continually evolving organization.

In recognition of this continuing evolution, the board began strategic planning in January, 2008. The board's Strategic Plan 2008 - 2011 charts a course for sustaining the institute's momentum, widening the range of its activities and increasing its influence across the continuum of healthcare services. The board looks forward to sharing the 2008 - 2011 Strategic Plan at the annual general meeting in June 2008.

Since our focus is not only on the future, I want to highlight several major initiatives undertaken by the institute this year.

This fiscal year we formally recognized the valuable input that patients, families and members of the general public can provide the institute by launching a Patient Advisory Committee.

The institute is proud to have championed a forum for patients and families, held for the very first time in conjunction with the annual Provincial Patient Safety Conference. It was an opportunity for patients,

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families and other Manitobans who use our province's healthcare system to have their voices heard in a public venue with healthcare providers. It was a moving day for all. The institute is a leader in Canada in having an open and transparent approach to listening to people's experiences with the healthcare system and their views on patient safety.

By the time this annual report is released, the institute will have launched two new initiatives involving medication safety. In June 2008, the institute unveils a medication card that Manitobans can use for listing their medications. Having such a record available in situations when patients need to know what they are taking may be helpful and, in some cases, also life saving. Patient Safety is in YOUR Hand! addresses the use of abbreviations, dose designations and symbols that have the potential to seriously harm patients or cause death if they are misread or misinterpreted.

It has been a busy fiscal year for the Manitoba Institute for Patient Safety, one that has seen the institute's accomplishments and contributions to patient safety widely recognized in our province and beyond. This is a credit to the work of a creative, proactive board and a very small, but dedicated, staff led by Executive Director Laurie Thompson. It is also a credit to the deep, cooperative partnerships and resource sharing we enjoy with an ever-growing number of organizations interested in patient safety and the improvement of our healthcare system. We acknowledge and thank our member organizations, now numbering 30, for their ongoing support and for working with us to communicate patient-safety initiatives to their constituents.

We will work to keep the spirit of partnership and cooperation growing in all our endeavours as we strive for new achievements and further the goals and objectives of the Manitoba Institute for Patient Safety.

Reg Toews
Chair, Board of Directors



MESSAGE FROM THE EXECUTIVE DIRECTOR

It is an honour and privilege to report on the 2007-2008 activities and accomplishments of the Manitoba Institute for Patient Safety.

This past fiscal year has been active and energizing. We were pleased to be able to continue activities that are becoming traditional institute events. Of note was the very well attended Provincial Patient Safety Conference, with over 400 registrants. This year had a record student registration, with eight health care provider education programs supporting their students to attend the conference. It was wonderful to see so many energetic and enthusiastic students in attendance, hearing the important messages of communication, disclosure, patient safety culture, and learning practical ways in which they can shape their practice to improve patient safety.

We also ventured into some new areas with, for example, the Faculty of Medicine, University of Manitoba, a MIPS member organization. We coordinated the involvement of a family member in the inaugural grand rounds for students. Over 450 students learned from Gail Hume about her experience during the last days of her husband's hospitalization. We also expanded on our conference week with a public forum and targeted workshops with 6 participating organizations.

Overall, we were able to address all aspects of our Board directed objectives through our activities this year. For example, we were involved through funding and/or decision making partnerships in eight patient safety research initiatives. We continued to promote Safer Healthcare Now, a Canada wide best practice initiative which now has 72 Manitoba teams enrolled. We addressed emerging trends such as disclosure of adverse events. We also continued to raise awareness through our Patient Advisory Committee, and by hosting our Public Forum in November, 2007. Our annual report provides detailed information on these and other accomplishments in key areas.

As mentioned by our Board Chair, we also worked intensively throughout the year on two major initiatives related to medication safety, a leading factor related to errors and patient harm. These focus on improving communication among health care providers and with patients and families. Once again we will look to our partners in the health care community and to our corporate citizens to work with us on these and other important endeavours.

Many partners have stepped up to collaborate with us in a variety of ways, providing expertise, funding, and service in kind. These partnerships are at the foundation of the Institute's work, and I applaud and thank the many partner organizations with whom we have had the pleasure of working. This collective energy to pursue improved patient safety for Manitobans is exemplary. We will

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continue to build relationships with key leaders over the coming year and hope to connect with more of our member organizations in this endeavour.

Thank you to the Board of Directors for your dedication to our important vision and for your support and guidance. I have had the pleasure of working with three amazing Board Chairs this year, Dr. Paul Thomas, Mr. Rene Comte and Mr. Reg Toews. I appreciate the richness of their experience and their generosity of time. Finally, thank you to our staff Ms Juliet Cummins, and our new addition Ms Dawn White. They are amazing in their enthusiasm and creativity, and I have the greatest of respect for their dedication to our work.

Laurie A. Thompson
Executive Director





Manitoba Institute for Patient Safety: Who We Are

The Manitoba Institute for Patient Safety is an independent, non-profit organization created in 2004 in response to the recommendations of the Manitoba Patient Safety Steering Committee. Incorporated under *The Corporations Act*, the institute is a registered charity. Core funding comes 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.

2007-2008 Board of Directors

- Mr. Reg Toews, Chair (from March, 2008)
- Mr. René Comte, Vice-Chair, (Chair from June 21, 2007 to March, 2008)
- Dr. Paul Thomas, Chair (to June 21, 2007)
- 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 (to April 2007)
- Dr. Robert Robson
- Mr. John Stinson (to July 2007)
- Dr. Mark Taylor (to June 2007)
- Ms Wendy Peppel (from August 21, 2007)
- Mr. Brian Bechtel (from June 21, 2007)
- Ms Carol Green (from June 21, 2007)

Staff Members

- Ms Juliet Cummins, Administrative Officer
- Ms Laurie A. Thompson, Executive Director
- Ms Dawn White, Consultant



Back Row L-R: Dr. Brent Kvern, Mr. Rene Comte, Mr. Reg Toews, Mr. Brian Bechtel, Mr. Ronald Guse
Front Row L-R: Ms Carol Greene, Mrs. Kim Poppel, Ms Wendy Peppel
Far right: Ms Sue Neilson, Dr. Rob Robson, Ms Joan Blakley



Dawn White, Laurie Thompson, Juliet Cummins



Giving Patients, Families and Advocates a Stronger Voice in Healthcare

Initiatives giving patients, families and advocates a stronger voice in healthcare were front and centre at the Manitoba Institute of Patient Safety in the 2007-2008 fiscal year.

Patients and their families deserve to be heard when they share their thoughts, experiences and concerns about healthcare, and the Manitoba Institute of Patient Safety offers them both a hearing and a role in many of the institute's initiatives.

The institute's Patient Advisory Committee (MPAC), launched in January 2007, is a place where patients and family members interested in patient safety can make their views known. The committee offers advice to the board of directors on its objectives, strategic directions and priorities. It also develops its own projects and long-term strategies for patient and family involvement in Manitoba's healthcare system.

In this fiscal year, the committee's goals were to

- promote the institute's health-literacy initiative, **It's Safe to Ask**
- compile tips on healthcare topics to inform the public of ways to improve their healthcare experience and understand their rights
- foster better access to personal health information for patients and patient advocates

By the close of the fiscal year, MPAC was working on resources for the public to provide healthcare tips, encourage communication, promote a better understanding of their rights and teach them how to advocate for their own or someone else's healthcare.

In October, MPAC chair Kim Poppel hosted the Manitoba launch of the Canadian Patient Safety Week in Brandon. That special week's theme—**Patient Safety, Be Involved: Ask! Talk! Listen!**—was of particular interest to the committee because it endorses the message that "healthcare is a team effort between patients and all caregivers" and that "the best decisions are made together."

Partnering with patients and families—not only involving them in decisions about their care, but also gaining the benefit of their help and insights to better plan and deliver care—leads to better outcomes and increased satisfaction for patients and healthcare providers. The result is commonly referred to as **patient- and family-centered care**. Core concepts of patient- and family-centered care are most often described as dignity and respect, information sharing, trust, participation and collaboration.

While individuals' needs vary, generally patients and families want:

- open, ample, meaningful communication and dialogue with caregivers



- meaningful participation in the healthcare team planning care
- respect, compassion and dignity
- assurance that healthcare providers will listen to them when they have suggestions or concerns
- the truth about their healthcare situation
- useful, current information shared with them
- access to medical records when they request it
- emotional as well as physical support from healthcare providers
- recognition by providers that patients and families are going through a difficult, emotional and stressful time

An important step in that direction was the public forum, **We Grieve, We Listen, We Learn**, held November 21, 2007, as part of the annual Provincial Patient Safety Conference. At the forum, John Lewis, co-author of the groundbreaking book *Beware the Grieving Warrior*, gave a detailed account of how the healthcare system and the professionals who work in it failed both his daughter and her family. His daughter's death motivated him to become a fierce advocate for the disclosure of adverse events. It was the first time in Manitoba and one of the few times in Canada, that the public was invited to share publicly their thoughts and experiences in using our healthcare system with healthcare providers. More than 200 people took part and their positive feedback and comments on the forum suggest that it was an emotional and meaningful experience for many who attended. John Lewis also met with MPAC members during his stay in Winnipeg.

Knowledge is critical to quality healthcare. To be well informed, patients need to ask questions. They also need assurance that their questions will be handled with respect and answered in a manner that leads to understanding. This year as part of Phase Two of its health literacy initiative **It's Safe To Ask**, the institute distributed posters and other brochures for display in healthcare settings to encourage questions and respectful answers. We want people to know when they see these posters that they are in a place where dialogue is encouraged by healthcare practitioners.

Phase Two builds on this important concept and focuses attention on medication safety. The **It's Safe to Ask Medication Card** provides an up-to-date medication list Manitobans can carry with them so caregivers can compare home medications with prescriptions to ensure patients are taking what has been prescribed and nothing has been omitted. The card supports the medication reconciliation process being conducted in acute, long-term- care and community settings throughout Manitoba as part of the **Safer Healthcare Now!** campaign.

Check www.mbips.ca and www.safetoask.ca for further details on these initiatives.



Major Accomplishments 2007-2008

The institute is pleased to present highlights of the work we have conducted regarding patient safety this fiscal year. These initiatives are 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 healthcare providers
- providing support and greater awareness for initiatives and practices that can bring higher levels of patient safety

Initiatives Promoting Opportunities for Patient Involvement

The inaugural meeting of the Manitoba Institute for Patient Safety Patient Advisory Committee (MPAC) was held in June 2007. A standing committee of the institute's board, MPAC comprises as many as 15 members, and is chaired by a director. This year, board member Kim Poppel is chair. By the end of the fiscal year, there were 10 members on the committee, including;

Kim Poppel, Brandon (Chair)
Ronald Black, Flin Flon,
Sylvia Boudreau, Winnipeg,
Marj Heinrichs, Rosenort,
Marilyn Hendzel, Winnipeg,
Linda Ganske, Cartwright,
Robyn Reynolds, Brandon,
Blake Taylor, Winnipeg,
Bev Trachuk, Fisher Branch,
Susan van Koughnet, Winnipeg.

At the committee's first meeting, it developed short- and long-range plans for action, including:

- promotion of the health literacy initiative "It's Safe to Ask"
- better access to personal health information for patient advocates
- greater involvement of the public in health professions regulatory bodies



The committee's second meeting was held November 22, 2007, and coincided with the Provincial Patient Safety Conference and the public forum. Members met with John Lewis from Hamilton, Ontario, a patient-and-family advocate. The committee recommended to the MIPS board that they begin a project to focus on patient advocacy to bring forward to the MIPS membership in June 2008. The board agreed, and work on the initiative began in January 2008.

At the close of the fiscal year, MPAC was working to create resources for members of the public to:

- provide healthcare tips
- encourage communication
- promote a better understanding of their rights
- teach them how to advocate for their own or someone else's healthcare



For the first time a **public forum** was held as part of the annual Provincial Patient Safety Conference. After John Lewis's moving account of the death of his daughter Claire, he took questions from the audience. Joining him were **Dr. Stavros Prineas** and **Dr. Rob Robson**. Dr. Prineas is a practicing anesthetist/intensivist in Bathurst Base Hospital, west of Sydney, Australia. He has presented lively, thought-provoking workshops on human factors and patient safety around the world. Dr. Robson is Chief Patient Safety Officer of the Winnipeg Regional Health Authority and coordinates patient safety programs and initiatives throughout the region. He is also on the board of the institute.

The event was organized by the Provincial Patient Safety Conference Committee and sponsored in part by the Winnipeg Regional Health Authority and the Canadian Patient Safety Institute.



It's Safe to Ask is the institute's educational initiative in Manitoba to improve health literacy. It was launched in January 2007 and is adapted from *Ask Me Three*, a health literacy initiative in the U.S. developed by the Centre for Clear Communication.

It's Safe to Ask was given special mention by Federal Minister of Health the Honourable Tony Clement during his opening remarks at the Canadian Patient Safety Symposium in October, 2007. He noted, "I think we are all aware of how hard it can be for patients to speak up. Being sick is daunting enough, let alone having the courage to question the healthcare experts providing our care. But thanks to efforts like this year's Canadian Patient Safety Week, as well as initiatives like Manitoba's *It's Safe to Ask* campaign, I believe more patients and families will feel empowered to become active partners in addressing healthcare safety."



This year, the institute launched Phase Two of this initiative, which focuses attention on medication safety. The **It's Safe to Ask Medication Card** provides an up-to-date medication list Manitobans can carry with them so caregivers know what they are taking. Focus testing is completed. Partners include the Winnipeg Regional Health Authority, the Manitoba Society of Pharmacists, the Manitoba Pharmaceutical Association, and the Boni-Vital Council for Seniors. The medication card will be launched in June, 2008.



Jan Byrd, formerly of the institute, and Laurie Thompson, Executive Director, look forward to having their article on **It's Safe to Ask**, published in the spring **Healthcare Quarterly Special Edition on Patient Safety**.

Initiatives Bringing Greater Educational Opportunities and Awareness to Patient Safety Matters

On October 2, 2007, more than 450 students in Med I and Med II and Medical Rehabilitation (Physiotherapy, Occupational Therapy, and Respiratory Therapy) participated in the inaugural **Interprofessional Grand Rounds**. Dr. Mark Torchia, Director, Advanced Technologies, Winnipeg Regional Health Authority coordinated the event along with the institute. Students learned about **The Story of Jim: What Went Wrong and Why**. Jim Hume died in July 2001, and his wife Gail gave a powerful portrayal of the family experience during his last days in hospital. She then asked questions of three panelists to highlight key points for learning and improvement. Kaaren Neufeld, Chief Quality Officer at Winnipeg Regional Health Authority, touched on systems issues such as coordination of beds and points of fragmentation of care. Dr. Rob Robson, Chief Patient Safety Officer at WRHA, highlighted human factors that affected what took place during Jim's hospitalization. Dr. Alan Katz, Jim's family physician, shared his thoughts on what could have been different in Jim and Gail's hospital experience to improve communication and attention to Gail's concerns.



At the **Provincial Patient Safety Conference: Let's Talk About It!**, chaired and co-hosted by the institute on November 21, 2007, at the Winnipeg Convention Centre, the theme was Communication and Patient Safety. Approximately over 400 people from across Manitoba registered for the conference, including 140 students from the Faculties of Medicine, Nursing, Pharmacy, the School of Medical Rehabilitation, University of Manitoba (all institute members), the Brandon University Psychiatric Nursing Program, College Universitaire de Saint-Boniface Nursing Program, Red River Community



College Nursing Program (an institute member), and the Assiniboine College Licensed Practical Nursing Program.

Dr. Stavros Prineas from New South Wales gave an inspiring keynote address that challenged the audience to examine ways providers communicate with both colleagues and patients and families. He offered practical tips in improving these communications. Dr. Mark Fleming, Halifax Nova Scotia, provided an overview of his research project addressing teamwork in a surgical program at St. Boniface General Hospital in Winnipeg. Lessons learned provided practical considerations for future work on building and enhancing teamwork in healthcare settings. Mr. Louis Sorin, Winnipeg Manitoba, examined the relationship between cultural safety and patient safety, and challenged participants to take a broad perspective on bridging these important concepts in the workplace. Mr. John Lewis, Hamilton Ontario, reflected on the inherent benefits of disclosure. His personal experience with his daughter Claire, who died as a result of errors in her post surgical hospitalization, provided a powerful backdrop to examining how disclosure takes place and how this experience needs to be improved for families as well as for healthcare providers.



While in Winnipeg for his keynote presentation, Dr. Prineas facilitated several workshops and presentations on patient safety topics. Events included:

- Workshop on Open Disclosure of Adverse Events on, November 23, 2007: The workshop was designed for physicians, nurses and other healthcare providers from any practice setting. Participants learned about open disclosure, when disclosure should take place, preparing for open disclosure, and practical steps to be taken. Thanks to Merck Frosst for contributing funding to the event.
- Workshop on “Teamwork and Patient Safety” on, November 23, 2007: Students from across health disciplines learned together about the importance of teamwork in the practice setting, barriers to team formation, and team-effectiveness tools. The workshop was sponsored by the 2007 Provincial Patient Safety Conference Committee with funding from Merck Frosst, in cooperation with the Faculties of Medicine, Nursing, Pharmacy, the School of Medical Rehabilitation, University of Manitoba (all members), the Brandon University Psychiatric Nursing Program, College Universitaire de Saint-Boniface Nursing Program, Red River Community College Nursing Program (an institute member), and the Assiniboine College Licensed Practical Nursing Program.
- Workshop on Disclosure of Adverse Events on, November 20, 2007: This event for pharmacists was broadcast across Manitoba via telehealth. It included sessions on Understanding Open Disclosure, Guidance on Reporting and Providing Open Disclosure on Medication Errors, and Responsibilities



for Reporting under the mandatory reporting legislative requirements. Held at St. Boniface Research Centre and sponsored by the Manitoba Pharmaceutical Association, an institute member.

- Workshop on the Human Factors of Teaching Human Factors on, November 22, 2007: Designed for members of the Faculty of Medicine in several health disciplines, it addressed the extent to which key concepts of human factors relevant to patient safety – communication, teamwork, leadership and situation awareness—should be reflected in methodologies used to train undergraduates and postgraduates. Sponsored by the Faculty of Medicine, an institute member.
- Workshop on Teamwork on, November 26, 2007: Participants reviewed team effectiveness tools and what teams are and what they are not. Sponsored by the Health Sciences Centre.
- Workshop on Situation Awareness on, November 26, 2007: Participants learned about individual and team situation awareness, and active situation awareness tools. Sponsored by the South Eastman Regional Health Authority. The Regional Health Authorities of Manitoba is an institute member.



Partnering with the Office of Continuing Medical Education at the Faculty of Medicine at the University of Manitoba, MIPS offered a workshop led by physician Dr. Jose Francois to a Winnipeg facility. This is a continuation of the accredited workshops, titled **Improving Patient Care: The Basics of Patient Safety**, held in 2006/2007 at four sites across Manitoba. MIPS also sponsored Dr. Tunji Fatoye, as the guest speaker at University of Manitoba, Rural and Northern Continuing Medical Education Conference “Winter Weekend 2008” in February 2008. Dr. Fatoye’s excellent presentation focused on culture and patient safety.



The institute once again offered the webcast of **Halifax 7: The Canadian Patient Safety Symposium** in October 2007, which brought one of the most important national patient safety conferences in the world to 12 sites across Manitoba.



To make information on the institute activities more readily available, our **website** has been redesigned. It is now more dynamic, which allows us to make frequent updates and maintain the site more easily. The site is easier for visitors to navigate, and they can now send comments on events or



postings in the events section. We also can add banners to draw attention to particular initiatives or date-sensitive information. We hope to improve the site on an ongoing basis.



The institute organized the satellite broadcast of the **Institute for Healthcare Improvement's Annual Quality Forum** from Miami, Florida. This webcast was held in Winnipeg in December 2007, and viewed by 120 people over two days. Medbuy and the Canadian Patient Safety Institute were co-sponsors of the broadcast that was available to organizations across Canada.



Planning involving the Manitoba Institute for Patient Safety, Regional Health Authorities of Manitoba (RHAM), the Manitoba Chapter of the Canadian Council of Health Services Executives (CCHSE), the Healthcare Insurance Reciprocal of Canada (HIROC) and Manitoba Health is underway 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. The event is being planned for 2008.



The institute once again coordinated **Canadian Patient Safety Week** in Manitoba. Patients, family, providers, and community members joined in the Manitoba launch at the Brandon Regional Health Centre in October 2007. The goal was to raise awareness of patient safety issues, programs and projects at all levels across Canada.

This year's theme, **Patient Safety: Be Involved. Ask! Talk! Listen!**, focused on the strong commitment Canadian healthcare providers have made to improve patient safety and develop a culture of patient safety within their organizations. It also highlighted the distance they still have to go to meet the needs of those who feel they are not being heard or who are too afraid, embarrassed or intimidated to question health-care providers when they don't fully understand information or agree with decisions being made.

National Canadian Patient Safety Week organizers used the institute's **It's Safe To Ask** as a powerful example of a Manitoba initiative that encourages open dialogue between healthcare providers and patients. Launched in January 2007, it is broadly used across Manitoba and has been recognized nationally many times for its innovation and leadership in promoting communication about patients' health concerns.

The institute was also invited to participate in two hospital celebrations during Canadian Patient Safety Week. Activities across Manitoba were posted on our website and media information distributed.



These included: Nomination of a Patient Safety Champion, Patient Safety Staff Quiz, Lunch and Learn sessions, and courses such as "Disclosure of Unanticipated Medical Outcomes"



Initiatives Supporting Research on Patient Safety

The 2006 Dr. John Wade Research Award was, given to College of Registered Nurses of Manitoba for the project **Napping During Night Shift: Practices, Preferences, and Perceptions of Critical Care Nurses**. Principal investigators were Wendy M. Fallis, RN, PhD , and Diana McMillan, RN, PhD, and the co-investigator was Marie Edwards, RN, PhD. Participants were full-time critical care nurses who identified the need for and benefits of restorative napping during night shift break. They indicated that restorative napping during night shift promotes the sleep health of critical care nurses and in turn patient safety and care.

A call for the 2007 award was issued in September 2007. The award recipients are Susan Lessard-Friesen, Kyle MacNair, and Shawn Bugden, Manitoba Pharmaceutical Association, for their project **Designing a Falls Prevention Strategy for Older Adults in the Community**. The Board Research Committee revised the timetable for the call for submissions to the Dr. John Wade Research Award to better align with the timeframe of the annual general meeting. This new process started with the 2008 call issued in February, 2007, and is to be announced at the June 12, 2008 AGM.



For the third year in a row, the institute conducted the Culture of Safety Survey in regional health authorities with the assistance of Dr Liane Ginsburg of York University. In the fall of 2007, one RHA and three Winnipeg healthcare facilities participated. Since 2005, the institute has sent out more than 15,000 surveys across eight regional health authorities and three Winnipeg facilities to staff in Manitoba healthcare organizations. These surveys help to measure the degree to which safety and openness are valued in healthcare organizations.

The institute also assisted with testing a modified Culture of Safety Survey previously used only in acute-care settings, but modified to capture the opinions and beliefs of healthcare staff across the continuum of care.

An Executive Summary of the 2005 report is available at www.mbips.ca and a copy of the 2006 report is available at www.atkinson.yorku.ca/~safetyculture/. The 2007 report results will be available on the MIPS website in early 2008/2009.



The institute was proud to collaborate with the Canadian Patient Safety Institute (CPSI) in awarding the first **Patient Safety Studentship** to Elaine Burland, one of nine recipients in Canada. Her project is An Evaluation of a Personal Care Home Fall Management Program. The total award of \$12,000 is funded equally by CPSI and the institute. Supporting student projects builds capacity in patient safety in Manitoba and encourages students to apply a “patient-safety lens” to their work.

The project, done as part of a doctoral dissertation in the Department of Community Health Sciences at the University of Manitoba, is being implemented in five provincial personal care homes in North Eastman Regional Health Authority. It uses strategies to reduce severe consequences of falls and includes regular risk assessment, annual environmental audits, injury-prevention strategies and post-fall protocols.

The institute issued a call for proposals for the 2008/2009 Patient Safety Studentship in December 2007 because of the change in CPSI’s own call schedule. The proposal forwarded to CPSI and accepted is called **Establishing a Medication Reconciliation Discharge Process in a Pediatric Hospital**. The student is Justin Ling who is working with supervisor Cenzina Caligiuri, Senior Pharmacist at the Health Sciences Centre. The institute will match CPSI’s \$6,000 for the 2008/2009 award.



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) called **Reducing Harm in Paediatric Care: Learning About Adverse Events and Near Misses Using a Validated Canadian Paediatric Trigger Tool**. The tool helps define the incidence of adverse events in hospitalized children using methods similar to those used in the landmark Canadian Adverse Event Study (Baker and Norton, 2004). To date, the team has reviewed published and unpublished trigger tools, developed the CAPHC Canadian Paediatric Trigger Tool, customized the tool to conform to human factors principles, and conducted a successful feasibility study in three Alberta centres. The study aimed to complete the final evaluation phase of the CAPHC-CPTT—validation and reliability testing. The current study will result in generation of a tool and supporting materials that can be used to evaluate the burden of harm and risk in children hospitalized in Canada.



The institute is a team member for the project **Patient Safety and Transition to Day Hospital** and a decision-maker and funding partner with the Canadian Patient Safety Institute. The day hospital is pivotal in addressing issues placing clients at risk for adverse events. This project’s aim is to engage key stakeholders in identifying challenges to the discharge process within Manitoba and in developing



improvements to the system to ameliorate them. The project midterm report is available at www.mbips.ca. See the special icon for Patient Safety in Day Hospital Transition.

Initiatives Promoting Safer Healthcare Practices

The **Leading Us to Excellence Award 2007** was presented at the Provincial Patient Safety Conference on November 2007 to Guy Landry, Manager of Physical Plant and Environmental Services for the Red River Valley Lodge and Morris General Hospital, Morris Manitoba, Central Regional Health Authority. Landry's submission, "[Missing Cotter Rings M.C. HealthCare Hi Lo Electric Beds](#)," outlined a "good catch" related to beds used in the RHA that resulted in a number of positive local and system actions.

A "good catch" is an event or circumstance that could cause an incident or critical incident but did not actually occur because of corrective action or timely intervention. Organizations may also define these as near misses or close calls. They offer an opportunity to learn proactively from the experience.

Mr. Landry gave an excellent presentation, including photos, of a proactive approach to minimize or negate the possibility of serious injury from resident electric beds. He was presented with a plaque to acknowledge his quality improvement efforts. Go to www.mbips.ca for pictures and a summary of Mr. Landry's work.



The Manitoba Institute for Patient Safety created the **Manitoba Patient Safety Activity Inventory**. Contributing activities at the beginning were regional health authorities and, in December 2007, MIPS member organizations. MIPS shares the information from the inventory on our website for access to regional health authorities, healthcare providers, organizations, and the public across Manitoba and Canada.



Two organizations sought and gained the institute's endorsement of initiatives in 2007/2008. The first is Canadian Patient Safety Institute's new **National Guidelines for the Disclosure of Adverse Events**. They offer a clear and consistent approach to disclosing, encourage communications that respect and address the needs of patients, promote interdisciplinary teamwork, and support learning from adverse events. The guidelines are available on the Canadian Patient Safety Institute website www.patientsafetyinstitute.ca. The second initiative belongs to Diagnostic Services of Manitoba (DSM), a new member organization, and **promotes improved accuracy and efficiency in diagnostic testing**. A new policy defines the criteria required for DSM's acceptance of laboratory specimens. The



aim is to decrease unacceptable or incorrectly labelled samples, resulting in greater accuracy in results and more timely turnaround for both physicians and patients.



The institute continues to support the grassroots patient safety initiative, **Safer Healthcare Now!** Since its launch in 2005, the number of Manitoba teams involved has grown to 72, an increase of approximately 28 teams since the end of fiscal year 2006/2007. Teams are enrolled in at least one intervention of Safer Health Care Now – 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.

The institute helps fund the operation of the Western Node of Safer Healthcare Now!, as well as the Western Collaborative on medication reconciliation and acute myocardial infarction with assistance from western patient safety and quality organizations and the Canadian Patient Safety Institute.

In September 2007, the institute sponsored educational sessions with the Safety Improvement Advisor from SaferHealthCare Now, Tanis Rollefstad. She met with 13 teams in 6 regional health authorities/Selkirk Mental Health Centre in the Interlake, South Eastman, Brandon, Central, and Winnipeg. Sessions were based on a team needs assessment and included Measurement and Data Submission, the Quality Improvement Model, and review of the Getting Started Kits.

For more information Safer Healthcare Now!, go to www.saferhealthcarenow.ca or www.mbips.ca.



About 220,000 healthcare-associated infections occur in Canada each year. Over half of them are preventable. As part of National Infection Control Week, October 15-19, 2007, the Community and Hospital Infection Control Association (CHICA), Manitoba Chapter launched a **provincial campaign** with the support of the Manitoba Institute for Patient Safety. The campaign urged all community members, workers, patients and visitors to healthcare centres, day cares and personal care homes to control and prevent infections using four simple strategies:

- Cleaning hands frequently.
- Asking healthcare providers to clean hands.
- Covering mouths and noses when coughing and sneezing.
- Keeping immunizations up to date.

Two thousand five hundred tent cards were printed and distributed to healthcare organizations across Manitoba. Posters and tent cards were also made available for download from the CHICA website.



Public service and media material were distributed to the media, to CHICA Manitoba members for re-distribution in their organizations and community, and to other healthcare organizations.



It is widely recognized that the use of abbreviations can seriously harm patients or cause death if they are misread or misinterpreted.

The institute continued to work with partner organizations, the Winnipeg Regional Health Authority the Manitoba Pharmaceutical Association and others on **Patient Safety is In YOUR Hand!**, a **Collaborative Abbreviation Project**. The project is provincial in scope and addresses the use of abbreviations, dose designations and symbols in a wide variety of settings in Manitoba. Target groups are those that promote, use, and are affected by medical notations, including the public, health-provider education programs, the pharmaceutical and healthcare software industries, healthcare providers and their organizations. A toolkit is being developed that supports the project objectives and assists organizations and healthcare providers in eliminating the use of specified dangerous abbreviations, symbols and dose designations. Educational opportunities will occur for organizations and healthcare providers, using communication vehicles appropriate to each group. A launch date is planned for late May 2008.



The institute continues to promote its two **websites**, both of which are receiving a large number of hits. Our corporate website, www.mbips.ca received 525,554 hits in 2007/2008. Our website www.safetoask.ca received approximately 95,000 hits in the fiscal year ending March 31, 2008, for a total of approximately 140,000 hits since the website was launched in January, 2007.



Board and staff of the Manitoba Institute for Patient Safety were involved in **public events, telehealth/teleconference meetings and conferences** in 2007-2008, reaching all regional health authorities. They attended major patient safety conferences in Canada and the United States.

The institute presented 20 exhibits including the following events:

- 17-Wing Winnipeg Safety Exhibition
- Canadian Patient Safety Week at St. Boniface Hospital, Concordia Hospital and Brandon Regional Health Centre
- Bug Day 2007 at Health Sciences Centre
- Community and Hospital Infection Control Association (CHICA) Conference
- Family Medicine Forum 2007

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- “Let’s Talk” Workshop of Partners Seeking Solutions with Seniors
- The Long Term Care Association of Manitoba Conference
- Manitoba Pharmacy Conference
- Provincial Patient Safety Conference
- Victoria General Hospital Health Fair

The institute promoted patient safety in such **publications** as the:

- new Health Magazine,
- Winnipeg Sun Special Health Edition
- Winnipeg Free Press special edition, “Get Healthy”

The institute **sponsored the following:**

- Canadian Students Nursing Association (CNSA) 2008 National Conference
- Infection Control Week in Manitoba with the Manitoba Chapter of the Community and Hospital Infection Control Association (CHICA)
- A speaker for the Education Session of Long-Term Care Association Education meeting
- A speaker for Joint Education Day of College of Registered Nurses of Manitoba (CRNM) College of Licensed Practical Nurses of Manitoba (CLPNM) and College of Registered Psychiatric Nurses of Manitoba (CRPNM) [all institute members]
- Patients for Patient Safety Canada meeting, 2007 in Winnipeg
- Provincial Health Leadership Forum in Winnipeg
- Safer Healthcare Now! Western Node
- A speaker for the Rural and Northern Continuing Medical Education Conference, University of Manitoba
- Western Nurse Leaders Forum 2007 in Winnipeg

We made more than **20 presentations**, including those to:

- Alzheimer Society Manitoba annual conference, Winnipeg
- Joint Education Day of College of Registered Nurses of Manitoba (CRNM), College of Licensed Practical Nurses of Manitoba (CLPNM) and College of Registered Psychiatric Nurses of Manitoba (CRPNM), Winnipeg
- Home and Community Care Program, Health Canada, Dauphin
- Manitoba Pharmacy Conference 2007, Winnipeg
- Safer Healthcare Now! third Learning Session for the Medication Reconciliation and Acute Myocardial Infarction Collaborative in Edmonton, Alberta
- Bethel Home, Winnipeg
- Board of Directors, College of Registered Nurses of Manitoba, Winnipeg
- Numerous organizations about It’s Safe to Ask, Collaborative Abbreviation Project and the It’s Safe to Ask Medication Card project



We **attended and participated** in the:

- 2007 Interdisciplinary Conference in Saskatoon
- Infection Prevention and Control Conference in Chicago
- Culture of Safety Survey Symposium in Toronto
- Edmonton III 2008, the third annual Conference on Enhancing Safety in Home, Community and Long-Term Care in Edmonton
- Halifax 7: the Canadian Health Care Safety Symposium in Ottawa
- National Patient Safety Foundation (NPSF) Patient Safety Congress 2007 in Washington, DC
- Provincial Health Leadership Forum in Winnipeg
- Meetings with the Western Provincial Organizations for Patient Safety and Quality

The institute **hosted** a Safer Health Care Now! Educational “Road Tour” across five regional health authorities.

On **June 7, 2007**, the Manitoba Institute for Patient Safety held its third **annual general meeting** at the Fort Garry Hotel, Winnipeg. At the meeting, Sue Neilson, Joan Blakley, Brian Bechtel, and Carol Green were elected to the board. Dr. Mark Torchia, Director, Advanced Technologies, Winnipeg Regional Health Authority, delivered an engaging presentation entitled, “Frontiers of Medical Simulation”. This year’s meeting is on June 12, 2008, also at the Fort Garry Hotel.

Future Directions

Future Initiatives Supporting Research on Patient Safety

The Board Research Committee, chaired by Dr. Brent Kvern, has established a new process for the **Dr. John Wade Research Award**. The board is pleased to raise the award level for Premier Members which will be announced at the AGM. Two additional awards for research seed funds will be open to all institute members. The new process will be in place for the 2009/2010 award. The call for submissions will be February, 2009, and the awards will be announced at the June 2009 annual general meeting.

The institute looks forward to a **2009/2010 Canadian Patient Safety Institute Studentship**, and will once again call for applications when the CPSI makes its call. MIPS will select a proposal to submit to the national competition. If successful, MIPS will match CPSI’s \$6,000 funding for a total of \$12,000 to go to a student over the course of four to seven months starting April 2009.



Future Initiatives Bringing Greater Educational Opportunities and Awareness to Patient Safety Matters

The Canadian Patient Safety Symposium, Halifax 8, takes place in Winnipeg in October 2008. The Manitoba Institute for Patient Safety is thrilled to work alongside other national partners to make this world-class patient safety event a huge success.

The institute is working with the **Quality and Risk Management Network** and **Winnipeg Regional Health Authority** to plan an educational event to share specific patient safety and quality improvement initiatives that are underway across regional health authorities. Check www.mbips.ca for details.

An **Event for Leaders**, directed to RHA senior management and boards, is planned for 2008.

The institute and the Western Node of Safer Health-Care Now are discussing plans for a third “**Safer Healthcare Now Road Tour**” to offer on site expert support to enrolled teams across Manitoba.

Future Initiatives Promoting Safer Health-Care Practices

The institute will continue to work with the Community and Hospital Infection Control Association (CHICA) to promote infection control.

An educational event for physicians, nurses, and pharmacists, planned for May 22, 2008, will introduce providers to **Patient Safety is in YOUR Hand** and the **It's Safe to Ask Medication Card**. The event will be broadcast via telehealth to 18 sites across Manitoba.

Patient Safety is in YOUR Hand will include educational opportunities for all regional health authorities, CancerCare Manitoba, and Selkirk Mental Health Centre to help them introduce the “do not use” list of abbreviations as a practice change. This initiative is also known as the Collaborative Abbreviation Project.

It's Safe to Ask Medication Card will be launched in June 2008. **Videos** for providers and the public are being developed for use by educators, providers, individual patients and family members in promoting medication safety.

The institute will continue to accept speaking requests, such as the fifth Safer Health Care Now National Learning Series in Winnipeg in April 2008, local and province-wide educational events.



Future Initiatives Providing Greater Patient Involvement in Patient Safety Initiatives

The institute will work with organizations to promote Canadian Patient Safety Week 2008. The theme is “Knowledge is the Best Medicine: Act, Talk, Listen” and focuses on medication safety. Our new medication card will be in circulation and will be highlighted during the week.

The **Patient Advisory Committee** will introduce their work on advocacy at the June 2008 annual general meeting as guest speakers. They will continue with this work through 2008/2009.

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.

Patient Safety is in YOUR Hand!, the **Collaborative Abbreviation Project** will promote the review of prescriptions by patients, families, and the public with prescribers to assure legibility and confirm a mutual understanding of prescription information.



Partners

The Manitoba Institute for Patient Safety continues to work with member organizations and partners in working toward our objectives. In addition to our Member organizations, partners include Boni-Vital Council for Seniors, First Nations and Inuit Health Branch, Literacy Partners of Manitoba, 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, Institute for Safe Medication Practices Canada, Industrial Alliance Insurance and Financial Services Inc., Healthcare Insurance Reciprocal of Canada (HIROC), and Community and Hospital Infection Control Association. We look forward to continuing to work with these partners and new ones in the year ahead.



Members

The Manitoba Institute for Patient Safety continued to recruit new member organizations in 2007/2008. The board of directors encourages organizations wishing to work with MIPS to apply. Membership applications are available at www.mbips.ca/membership.html.

Members of the Manitoba Institute for Patient Safety as of March 31, 2008

The Arthritis Society of Manitoba
CancerCare 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
Diagnostic Services of Manitoba
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 College of Family Physicians
Manitoba Dental Association
Manitoba Health *
Manitoba Pharmaceutical Association *
Manitoba Society of Medical Laboratory Technologists
Manitoba Speech and Hearing Association
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
CHARTERED ACCOUNTANTS

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April 17, 2008

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, 2008 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, 2008 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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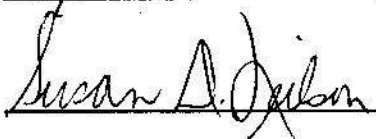
MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF FINANCIAL POSITION

	<u>March 31</u>	
	<u>2008</u>	<u>2007</u>
ASSETS		
Current assets:		
Cash	\$ 194,124	\$ 96,849
Accounts receivable	11,095	10,594
Prepaid expenses	<u>2,290</u>	<u>3,612</u>
	207,509	111,055
Equipment:		
Equipment; at cost	46,400	46,400
Less: Accumulated amortization	<u>(26,300)</u>	<u>(15,500)</u>
	<u>20,100</u>	<u>30,900</u>
	<u>\$ 227,609</u>	<u>\$ 141,955</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable	\$ 48,751	\$ 15,888
Net assets	<u>178,858</u>	<u>126,067</u>
	<u>\$ 227,609</u>	<u>\$ 141,955</u>

APPROVED BY THE BOARD:


 _____ Director


 _____ Director



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF OPERATIONS

	Year ended March 31	
	<u>2008</u>	<u>2007</u>
Revenues:		
Province of Manitoba	\$ 595,600	\$ 583,900
Conference	31,267	-
Partnership project	4,500	26,810
Canadian Patient Safety Institute	8,500	10,000
Memberships	6,150	5,700
Grants and other income	23,035	-
Interest	2,455	905
	<u>671,507</u>	<u>627,315</u>
Expenses:		
Salaries	196,460	237,516
Office operating	98,926	95,568
Board and Governance	80,867	67,231
Mandate operating	231,663	212,325
Amortization	10,800	10,400
	<u>618,716</u>	<u>623,040</u>
Difference between revenues and expenses	<u>\$ 52,791</u>	<u>\$ 4,275</u>



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF CASH FLOW

	Year ended March 31	
	<u>2008</u>	<u>2007</u>
Cash flow from operating activities:		
Cash from Province of Manitoba	\$ 595,600	\$ 583,900
Cash from Canadian Patient Safety Institute	8,500	10,000
Cash from other sources	66,906	52,013
Cash paid to suppliers and employees	<u>(573,731)</u>	<u>(675,474)</u>
	97,275	(29,561)
Cash flow from financing activities:		
Acquisition of equipment	<u>-</u>	<u>(2,217)</u>
Change in cash	97,275	(31,778)
Cash, beginning of year	<u>96,849</u>	<u>128,627</u>
Cash, end of year	<u>\$ 194,124</u>	<u>\$ 96,849</u>

MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF NET ASSETS

YEAR ENDED MARCH 31, 2008

	<u>Internally restricted</u>	<u>Net assets invested in equipment</u>	<u>Unrestricted net assets</u>	<u>2008 Total</u>	<u>2007 Total</u>
Opening balance	\$ 95,167	\$ 30,900	\$ -	\$ 126,067	\$ 121,792
Internal restriction	63,591	-	(63,591)	-	-
Difference between revenues and expenses	<u>-</u>	<u>(10,800)</u>	<u>63,591</u>	<u>52,791</u>	<u>4,275</u>
Closing balance	<u>\$ 158,758</u>	<u>\$ 20,100</u>	<u>\$ -</u>	<u>\$ 178,858</u>	<u>\$ 126,067</u>



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2008

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 Canadian generally accepted accounting principles. An assumption underlying the preparations of financial statements in accordance with Canadian 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) 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. Interest is recognized on a time proportion basis.

c) 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. Long-lived assets are tested for recoverability if events or changes in circumstances indicate that the carrying amount may not be recoverable. The carrying amount of a long-lived asset is not recoverable if the carrying amount exceeds the sum of the undiscounted cash flows expected to result from its use and eventual disposition. Impairment losses are measured as the amount by which the carrying amount of a long-lived asset exceeds its fair value. 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.

d) Accounting changes-

On March 1, 2007, the Institute adopted CICA Handbook Section 1506 – Accounting Changes. The objective of this Section is to prescribe the criteria for changing accounting policies, together with the accounting treatment and disclosure of changes in accounting policies, changes in accounting estimates and corrections of errors. This Section is intended to enhance the relevance and reliability of an entity's financial statements, and the comparability of those financial statements over time and with the financial statements of other entities.



NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2008

2. Significant accounting policies (cont'd):

d) Accounting changes (cont'd)-

On March 1, 2007, the Institute adopted CICA Handbook Section 3855 - Financial Instruments – Recognition and Measurement, Handbook Section 3865 – Hedges, and Handbook Section 3861 – Financial Instruments – Disclosure. Section 3855 establishes standards for recognizing and measuring financial assets, financial liabilities and non-financial derivatives. Section 3865 establishes standards for when and how hedge accounting, which is optional, may be applied. Section 3861 enhances financial statement users' understanding of the significance of financial instruments to an entity's financial position, performance and cash flows. As required, the new standards are applied retroactively without restatement. There is no adjustment to opening net assets at the beginning of the year as a result of adopting the new standards.

e) Financial instruments-

All financial instruments are required to be measured at fair value on initial recognition, except for certain related party transactions. Measurement in subsequent periods depends on whether the financial instrument has been classified as held-for-trading, available-for-sale, held to maturity, loans and receivables, or other liabilities. Financial assets and liabilities may be measured at fair value, cost, or amortized costs. Amortized cost is the amount at which the financial asset is measured at initial recognition less principal repayments, plus or minus the cumulative amortization using the effective interest method of any difference between that initial amount and the maturity amount, and less any reduction for impairment or uncollectability. Transactions to purchase or sell financial assets are recorded on the settlement date.

The Institute classifies financial instrument using the following criteria:

Loans and receivables-

The Institute classifies non-derivative financial assets resulting from the delivery of cash or other assets by a lender to a borrower in return for a promise to repay on a specified date or dates, or on demand, usually with interest as loans and receivables other than debt securities and loans and receivable that the entity, upon initial recognition, designates as held-for-trading or as available-for-sale.

Loans and receivables are subsequently measured at their amortized cost, using the effective interest method. Net gains and losses arising from changes in fair value are recognized in net income upon derecognition or impairment.

The Institute has classified accounts receivable as loans and receivables, which are reflected on the balance sheet at amortized cost using the effective interest method of measurement.

Held-to-maturity investments-

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity that an Institute has the positive intention and ability to hold to maturity; other than those that meet the definition of loans and receivables, those that the Institute, upon initial recognition, designates as held-for-trading and those that the Institute designates as available-for-sale. These are reflected on the balance sheet at amortized cost using the effective interest method of measurement. Held-to-maturity investments are subsequently measured at amortized cost using the effective interest method. Net gains and losses arising from changes in fair value are recognized in net income upon derecognition or impairment.

The Institute has no instruments classified as held-to-maturity,



**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2008**

2. Significant accounting policies (cont'd):

e) Financial instruments (cont'd)-

Held-for-trading-

A financial asset or financial liability held-for-trading is a financial asset or financial liability that is not either a loan or receivable acquired or incurred principally for the purpose of selling or repurchasing it in the near term, or part of a portfolio of identified financial instruments that are managed together and for which there is evidence of a recent actual pattern of short-term profit taking, or is a derivative, except for a derivative that is a designated and effective hedging instrument; or it is designated by the Institute upon initial recognition as held-for-trading, except for financial instruments whose fair value cannot be reliably measured and financial instruments transferred in a related party transaction that were not classified as held-for-trading before the transaction.

Financial assets and financial liabilities classified as held-for-trading are measured at fair value with gains and losses recognized in the difference between revenues and expenses. The Institute does not reclassify a financial instrument into or out of the trading category while it is held or issued.

The Institute has classified cash as held-for-trading which is reflected on the balance sheet at fair value.

Available-for-sale-

Available-for-sale financial assets are those non-derivative financial assets that are designated as available-for-sale, or that are not classified as loans and receivables, held-to-maturity investments, or held-for-trading.

Available-for-sale financial assets are measured at fair value with unrealized gains and losses recognized in net assets or a separate portion of the statement of operations. Investments in equity instruments are classified as available-for-sale if they do not have a quoted market price in an active market and are measured at cost.

The Institute has no financial assets classified as available-for-sale.

Other liabilities-

Financial liabilities are measured at fair value when they are classified as held-for-trading or are derivatives, except for derivatives that are linked to and must be settled by delivery of equity instruments of another entity whose fair value cannot be reliably measured. All other financial liabilities are measured at amortized cost. Net gains and losses arising from changes in fair value are recognized in net income upon derecognition or impairment.

The Institute has classified accounts payable as other liabilities and these are reflected on the balance sheet at amortized cost using the effective interest method of measurement.

Transaction costs-

Transaction costs are expensed as incurred for financial instruments classified or designated as held-for-trading. For other financial instruments, transaction costs are added to the related financial asset or liability on initial recognition and are measured at amortized cost using the effective interest method. Transaction costs are incremental costs that are directly attributable to the acquisition, issue or disposal of a financial asset or financial liability.



**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2008**

2. Significant accounting policies (cont'd):

e) Financial instruments (cont'd)-

Derivative instruments-

A derivative is a financial instrument or other contract with all three of the following characteristics: its value changes in response to the change in a specified interest rate, financial instrument price, commodity price, foreign exchange rate, index of prices or rates, a credit rating or credit index, or other variable, provided in the case of a non-financial variable that the variable is not specific to a party to the contract; it requires no initial net investment or an initial net investment that is smaller than would be required for other types of contracts that would be expected to have a similar response to changes in market factors; and it is settled at a future date.

Derivative instruments are recorded at fair value including those derivatives that are embedded in a financial instrument or other contract but are not closely related to the host financial instrument or contract, respectively. Changes in the fair values of derivative instruments are recognized in the difference between revenues and expenses, except for derivatives that are designated as cash flow hedges, in which case the fair value change for the effective portion of such hedging relationships are recognized separately.

The Institute presently does not have any derivative financial instruments.

Hedges-

In a fair value hedging relationship, the carrying value of the hedged item will be adjusted by gains or losses attributable to the hedged risk and recognized in the difference between revenues and expenses. The changes in the fair value of the hedged item, to the extent that the hedging relationship is effective as defined by the standard ("effective"), will be offset by changes in the fair value of the hedging derivative. In a cash flow hedging relationship, the effective portion of the change in the fair value of the hedging derivative will be recognized separately. The ineffective portion as defined by the standard ("ineffective") will be recognized in the difference between revenues and expenses. The amounts recognized separately will be reclassified to the difference between revenues and expenses in those periods in which the difference between revenues and expenses is affected by the variability in the cash flows of the hedged item.

The Institute presently does not have any hedging transactions.

Financial asset impairment-

The Institute assesses impairment of all its financial assets, except those classified as held-for-trading. Management considers whether there has been a breach in contract, such as a default or delinquency in interest or principal payments in determining whether objective evidence of impairment exists. Impairment is measured as the difference between the asset's carrying value and its fair value. Impairment is included in current earnings.



**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2008**

3. Internally restricted net assets:

The Board has internally restricted nets assets as follows:

	<u>2007</u>	<u>Changes</u>	<u>2008</u>
Simulation	\$ 20,000	\$ 40,000	\$ 60,000
Mandate Operating	61,967	(59,376)	2,591
Leadership	-	6,000	6,000
Professional Development	3,100	(3,100)	-
Abbreviation Project	-	24,000	24,000
Partnership	-	46,300	46,300
Patient Safety Conference - 2009	-	12,267	12,267
Patient/Family Advisory Committee	5,100	(5,100)	-
Patient Safety and Day Hospital Transition Project	5,000	2,600	7,600
	<u>\$ 95,167</u>	<u>\$ 63,591</u>	<u>\$ 158,758</u>

The internal restrictions reflect the Board's decision to identify funds over a three year period, beginning in the 2006 fiscal year, for projects that cross fiscal years. These projects support Patient Simulation in Manitoba and other initiatives and projects which are currently underway or in development.

4. Future changes to significant accounting policies

CICA Handbook Section 3862 – Financial Instruments – Disclosures and Section 3863 – Financial Instruments – Presentation will be effective for interim and annual financial statements relating to fiscal years beginning on or after October 1, 2007. These new sections will replace Section 3861. These Sections establish standards for presentation of financial instruments and non-financial derivatives and complement the principles for recognizing, measuring and presenting financial assets and financial liabilities in Section 3855 – Financial Instruments – Recognition and Measurement, Section 3865 – Hedges. The sections deal with the classification of financial instruments, from the perspective of the issuer, between liabilities and equity, the classification of related interest, dividends, losses and gains, and the circumstances in which financial assets and financial liabilities are offset.

The Institute is currently considering the effect on the financial statements of the new standards.

5. Net Assets

The Institute's objectives when managing net assets are to safeguard its ability to continue as a going concern, so that it can continue to provide services to members and benefits for other stakeholders, and to price products and services commensurately with the level of risk and market forces and the Institute's objectives.

The Institute sets the amount of net assets in proportion to risk and its ability to obtain funding. The Institute manages its assets and makes adjustments in the light of changes in economic conditions and the risk characteristics of the underlying assets. To maintain or adjust the structure, the Institute may seek additional sources of funding, sell assets to reduce debt or undertake other activities at its discretion.

The Institute monitors net assets through direct personal involvement with employees and outside parties and from time-to-time using a variety of measures, depending on the circumstances. Monitoring procedures are typically performed as a part of the overall management of the Institute's operations. Management is aware of risks related to these objectives through direct personal involvement with employees and outside parties. During the year, the Institute's strategy, which was unchanged from the prior year, was to maintain its ability, as needed, to operate and to secure access to financing at a reasonable cost, recognizing that the requirements and terms of lenders and funders cannot be predicted and change in ways the Institute cannot predict.



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

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NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2008

6. Risk Management and fair values:

Management's risk management policies are typically performed as a part of the overall management of the Institute's operations. Management is aware of risks related to these objectives through direct personal involvement with employees and outside parties. In the normal course of its business, the Institute is exposed to a number of risks that can affect its operating performance. Management's close involvement in operations helps identify risks and variations from expectations. The Institute has not designated transactions as hedging transactions to manage risk. As a part of the overall operation of the Institute, management considers the avoidance of undue concentrations of risk. These risks include, and the actions taken to manage them are as follows:

Interest Rate Risk-

Interest rate risk is the risk that changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as interest rate cash flow risk, or on the fair value of other financial assets or liabilities, known as interest rate price risk.

Credit risk-

Credit risk arises from the possibility that debtors may be unable to fulfill their commitments. For a financial asset, this is typically the gross carrying amount, net of any amounts offset and any impairment losses. The Institute has credit policies to address credit risk on accounts receivable, which may include the analysis of the financial position of the debtor and review of credit limits. The Institute also may review credit history before establishing credit and reviews credit performance. An allowance for doubtful accounts or other impairment provisions are established based upon factors surrounding credit risk, historical trends and other information.

Fair values-

The fair values of the Institute's current financial assets and liabilities, approximate their recorded values as at year-end due to their short-term nature. Fair value is an estimate of the amount at which items might be exchanged in an arm's length transaction between knowledgeable willing parties who are under no compulsion to act. Fair value should not be interpreted as an amount that could be realized in immediate settlement of the instruments. The estimate of fair value at year-end may not represent fair values at any other date. The determination of fair value is also affected by the use of judgement and by uncertainty.



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