



A closer look at Culture of Safety

On-site Accreditation survey

May 31 to June 4, 2009

All BC Cancer Agency care and research centres

Culture of safety Goal

With the goal to create culture of safety throughout the BC Cancer Agency, this category covers a variety of topics from complaints, to ethical issues, critical incidents, to patient safety.

Within this goal, there are nine Required Organizational Practices (ROPs) and three Recommendations, all of which must be met in order to successfully complete Accreditation.

Six Quality & Safety Goals

In addition to Culture of Safety, the other Quality & Safety Goal areas are:

POPULATION ONCOLOGY – Deliver a population-based cancer control program across the continuum of care, from prevention to end-of-life care

WORKLIFE/ WORKFORCE – Create a work life and physical environment that supports the safe delivery of care and service

INFECTION PREVENTION & CONTROL – Reduce the risk of site-acquired infections and their impact across the continuum of care/service

MEDICATION MANAGEMENT – Ensure the safe use of high risk medications

COMMUNICATION – Improve the effectiveness and coordination of communication among care/service providers and recipients across the continuum



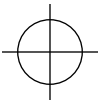
Dr. Marianne Taylor
Medical Oncologist
Professional Practice Leader
Centre for the Southern Interior

About Accreditation

The BC Cancer Agency will host Accreditation Canada surveyors at each of our care and research centres from May 31-June 4, 2009.

By participating in the Accreditation program, we are able to demonstrate our population-based cancer control program and our commitment to continuous quality improvement, patient safety, improved efficiency and accountability.





Demonstrated Excellence

BCCA has a wide range of measures in place to foster a strong Culture of Safety. Below you will find more information about this goal's Required Organizational Practices (ROPs) and Recommendations from our 2005 Accreditation Survey, and the many practices established to address them.

COMPLAINTS POLICY

Recommendation: BCCA to review the complaint policy and make it known to patients, families and staff.

Surveyor Question: How does BCCA handle and document complaints?

Evidence: BCCA leaders address patient concerns promptly and have a tracking mechanism for logging and trending complaints. Complaints are addressed locally at each of our cancer centres, and are referred to our provincial program leaders and/or executive team, as warranted.

ETHICAL POLICY

Recommendation: BCCA to establish processes, and make resources available to assist professionals who may be faced with ethical dilemmas arising from patient care.

Surveyor Question: What do you do if you have an ethical dilemma?

Evidence: The Ethics Advisory Committee developed an ethics framework in 2004. It is used as a teaching tool at the Ethics workshop twice a year. It includes a process for professionals who are seeking advice about ethical dilemmas.

UNUSUAL OCCURRENCES & CRITICAL INCIDENTS

Recommendation: BCCA to develop a formal process to address any recommendations identified through the Agency's unusual occurrences and critical incidents policies to ensure that subsequent incidents do not occur.

Surveyor Question: How does BCCA monitor and follow-up unusual occurrences or critical incidents?

Evidence: There is a formal documented process to follow-up on critical events. An intra-disciplinary team is gathered to review the event and develop recommendations to prevent a similar incident from occurring in the future. The Provincial Program, Quality Council and Medical Advisory Committee then review the report.

ROP: BCCA establishes a reporting system for sentinel events (critical incidents), adverse events (unusual occurrences) and near misses, including appropriate follow-up. The reporting system is in compliance with any applicable legislation and within any protection afforded by legislation.

Surveyor Question: How does BCCA report safety events?

Evidence: Critical incidents and unusual occurrences are reported through the on-line Patient Safety Learning System. Critical incidents are followed-up using a formal critical incident review process. This process has been reviewed and revised in 2008 and 2009, and BCCA had added a mistake-proofing element to prevent future incidents.

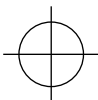
ROP: BCCA has a formal and open policy process to disclose adverse events to patients and families, including support mechanisms for patients, family, staff and service providers in adverse events.

Surveyor Question: Does BCCA have an open and honest policy for disclosing adverse events?

Evidence: BCCA follows a formal and open policy to disclose adverse events (unusual occurrences) to patients and families. Agency staff follows these standard steps:

- Immediate measures are taken to stabilize the patient
- Complete adverse event report in Patient Safety & Learning System
- Discuss events with the patient family
- Discuss events with relevant staff and leaders
- Acknowledge or apologize for the event
- Review actions taken to mitigate circumstances surrounding event
- Discuss corrective action to prevent similar adverse events





- Respond to patient, family, staff or service provider
- Counseling is offered to staff and care provider and is documented confidentially

QUALITY FRAMEWORK

ROP: BCCA leaders provide the PHSA with quarterly reports on patient safety, including recommendations arising out of adverse incident investigation and follow-up and improvements made.

Surveyor Question: Does BCCA have a Quality and Risk management Framework?

Evidence: Critical incident review reports are reviewed monthly in provincial program meetings and in BCCA's Quality Council meetings. The PHSA Board of Directors also reviews the reports every two months.

ROP: BCCA completes one patient safety related prospective analysis per year and implements appropriate improvements.

Surveyor Question: Does BCCA complete a detailed review of a patient care process?

Evidence: BCCA regularly conducts detailed reviews of critical incidents. We review past events in order to create recommendations to prevent future occurrences. A prospective analysis furthers our patient safety efforts by looking ahead to mistake-proof processes and reduce risk of future errors. BCCA recently completed a prospective analysis of a patient's transition process to and from one of our cancer centres and one of our host hospitals.

PATIENT SAFETY

ROP: BCCA has adopted safety as a strategic priority or goal.

Surveyor Question: Is patient safety a priority for BCCA?

Evidence: Patient safety is a priority for BCCA. Our Patient Safety plan outlines some of the measures BCCA has in place to support our patients including safety rounds and executive involvement in safety discussions. Additionally, safety is a standing agenda item in staff and leader meetings.

ROP: BCCA develops and implements a Patient Safety Plan and implements improvements to patient safety as required.

Surveyor Question : Has BCCA developed and implemented a Patient Safety Plan?

Evidence: The Patient Safety Plan has been created and BCCA has been formally rolling it out since September 2008. Staff will be invited to attend open forums to discuss the Patient Safety Plan and ways to continue to improve patient safety.

ROP: BCCA has defined roles, responsibilities and accountabilities of leaders, staff, service providers and volunteers for patient care and safety.

Surveyor Question: How do staff, volunteers and students contribute to making patients safe?

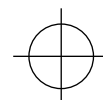
Evidence: The Patient Safety Plan describes specific roles and responsibilities and how each physician, staff member, volunteer and student contributes to the safety of our patients. It outlines the responsibility of care providers to meet with patients and families and discuss areas such as;

- the importance of attending scheduled appointments
- side effects of medications
- safe medication administration

ROP: BCCA inform and educates patients in writing and verbally about the patient and family's role in promoting safety.

Surveyor Question: Are patients and families educated about the patient and family's role in promoting safety?

Evidence: BCCA communicates the shared responsibility of safety with patients and families through discussions and written materials, such as the "New Patient Pamphlet" that is given out to all new patients and families. Through discussions and materials, BCCA outlines the patients' and families' roles to ensure the best patient care, including maintaining treatment appointments, hand hygiene and following physician orders and prescriptions.





FALL PREVENTION

ROP: BCCA implements and evaluates a fall prevention strategy to minimize the impact of patient falls.

Surveyor Question: What measures do you take to prevent patient falls?

Evidence: A Falls Prevention Strategy is being developed and implemented on the in-patient unit at BCCA's Vancouver Center. A Falls Assessment Tool for the ambulatory care setting will be rolled out and piloted in Victoria, Abbotsford and Fraser Valley centres this spring.

Get Involved

During the on-site visit, surveyors will tour the facilities and speak with staff, physicians, students, volunteers, patients and families. Individuals will be interviewed and observed, so it is important to understand our Accreditation program and our Safety & Quality goals.

If you are asked a question on an unfamiliar topic, please refer the surveyor to the appropriate department or individual, or your manager.

Learn More

Between now and June, BCCA will provide ongoing education and support for each of the six patient safety goal areas, and host an Accreditation Fair.

For more information about Accreditation 2009 or the Culture of Safety goal, please ask your manager or visit the Accreditation folder at H:\Everyone\Accreditation 2009\culture of safety.



POPULATION
ONCOLOGY



WORK LIFE/
WORKFORCE



**CULTURE
OF SAFETY**



INFECTION
PREVENTION
& CONTROL



MEDICATION
MANAGEMENT



COMMUNICATION