Patient Safety Reporting and Disclosure

Coffee Talk
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Overview

(1) New patient safety reporting legislation – what's in force, what's next

(2) Meeting Ministry requirements for *C. difficile* reporting

(3) Risk management considerations

(1) Patient Safety

- "Culture" of patient safety
  - CPSO's Disclosure of Harm policy (2003)
  - Mandatory critical incident disclosure (public hospitals)
  - CPSI Disclosure Guidelines (national)
  - *QCIPA* (protects quality of care reviews)
  - *Apology Act?* (first reading Oct 7, 2008)

- Prevention/control of nosocomial infection another part of the puzzle

. . . Patient Safety

- Considerable media coverage

C. difficile linked to dozens of deaths at Ontario hospitals (CBC, May 7, 2008)

Ontario auditor slams hospitals over *C. difficile* (Globe and Mail, Sept 30, 2008)

C. difficile has killed at least 460 in Ontario (the Star, July 4, 2008)

Ontario's hospitals surpass those of Quebec in *C. difficile* rates (CMAJ, June 17, 2008)

. . . Patient Safety

- “Nosocomial” – “Health care-acquired”

- “Non-nosocomial” – Acquired elsewhere
  - Not present on admission or within “window”
  - Not related to prior admission to facility

“Patient Safety Indicators”

- Identified by Ministry of Health and Long-Term Care
- 8 public reporting elements in total
- Goal is to improve patient safety, increase transparency
- Announced by Ministry in May 2008
- Rolling out over approx next 6 months

. . . Indicators

- Public Health Reporting
  - Amendments to *Health Protection and Promotion Act*
- Public Disclosure
  - Amendments to *Public Hospitals Act*
  - Ministry reporting, public
- “Surveillance” – infection control data for analysis by experts

The Baseline

- Prevention is key component of infection control BUT baseline of incidence of infection in facilities
  - Infectious agents exist in environment
  - Risk factors, e.g. age, health, certain clinical conditions

- **Infections will likely occur despite all precautions**

Public Disclosure/Reporting

- Amendments to *Public Hospitals Act* Regulation 965 (s. 22.2)
- Mandates disclosure of information concerning “indicators of the quality health care”
- In force July 24, 2008

. . . Public Disclosure/Reporting

- Applicable to public hospitals in Ontario
- At request of Minister, must disclose:
  - Diagnoses of hospital-acquired infections
  - Activities undertaken to reduce hospital-acquired infections
  - Mortality
- Does not include patient identifying information

. . . Public Disclosure/Reporting

- Routine monthly reporting to Ministry
- Aggregate data reported to stakeholders and public
- Disclosure through Hospital website, and as otherwise directed by Minister

Public Health Reporting

- *Health Protection and Promotion Act* has established reporting mechanisms

- Communicable disease reporting
  - Now extends to C. difficile associated disease (CDAD)
- Outbreak reporting
  - Now includes CDAD outbreaks in public hospitals

- Identifies triggers for reporting, reportable information

C. difficile

- Stage 1 for reporting of patient safety indicators

- Relates to *C. difficile associated disorder*
  - Case definition based on symptomology / presentation, confirmation of presence of *C. diff*

. . . *C. difficile*

- Amendments to *HPPA* Regulations
  - CDAD now a communicable disease
  - CDAD outbreaks in public hospitals a reportable disease

. . . C. difficile

- Reporting requirements for communicable disease (Reg. 569)
  - Includes long-term care, mental health, private hospitals, etc.
  - Duty of facility administrator/superintendent
  - Reports made to Medical Officer of Health

. . . *C. difficile*

- Reporting requirements for outbreaks
  - Public hospitals
  - CDAD
  - Extensive reporting requirements, includes preventative information (s. 5.2)

. . . *C. difficile* “outbreak”

- Facility outbreak
  - Starting point is baseline for the facility
  - “Outbreak” can be measured:
    - Relative to other similar facilities (category/“comparator facilities”)
    - Increased incidence in facility over identified period of time

. . . *C. difficile* “outbreak”

- Ward/Unit level
  - Cluster = 3+ nosocomial cases within 7 days
    - Trigger for PH notification/liaison
  - Outbreak = 6+ new nosocomial cases in 30 days on single ward or unit
    - Reporting mandatory
    - Triggers formal outbreak declaration

. . . C. difficile

- Amendments to *Public Hospitals Act* (Regulation 965)

- Expectations identified by Minister
  - First data reporting on Sept 26, 2008
  - On Hospital website:
    (1) Rates of new nosocomial CDAD cases
    (2) Number of new cases (“count”)
  - Must report separately for each site
  - Also posted on Ministry website

Coming Up

- 7 other reportable patient safety indicators currently identified
- Dec ’08 – MRSA; VRE; Hospital-standardized mortality rates
- Apr ’09 – Ventilator associated pneumonia; Central line, surgical site infections; Hand hygiene compliance

(2) Meeting Requirements

- Facility obligation to report
- Will take time to establish trends
- Considerations re: information
  - Establishment of appropriate baseline
  - Verification that nosocomial
  - Patient population – Higher incidence in facilities with sicker patients?
  - Variances – Seasonally?
  - Causation

. . . Meeting Requirements

- Comply with legislative, Ministry requirements
- Manage expectations re: baseline, incidence
- Present information so it’s understandable
  - Context
  - Language
  - Focus
  - Resources
- Interpretation
- Value rather than volume

(3) Promoting Safety, Managing Risk

- Be proactive
- Use best practices for prevention, identification, control
  - MOH communications, tools
  - PIDAC best practices
- Know reporting and disclosure obligations
- Enforce compliance with facility standards and procedures

. . . Safety and Risk

- Where incident, cluster, outbreak . . . demonstrate standard of care was met
  - Standard may vary
  - Triggers for internal notification, action
  - Triggers for external reporting
  - Appropriate documentation

(a) Identify and Communicate Risks

- Know when a particular risk exists
- Proactive communication
  - Do not usually need to disclose general risk
  - Element of consent process?
    - Specific treatment-related risk
    - Patient has questions
  - Facility, ward/unit risk
    - Notify at admission/entry?
    - Include visitors?

. . . Identify, Communicate Risks

- Information sheets, handouts
  - Effective way to communicating to patients and visitors
    - Risks
    - Precautions for preventing and minimizing infection

(b) Manage Incidents of Infection

- Address infections/outbreaks
  - Reasonable steps for early treatment, prevent spread of infection
  - Appropriate patient care documentation
  - Compliance with facility policy/procedure
- Documentation of infection control measures
- Internal notification process

(c) Review and Investigations

- Two perspectives:
  - Quality assurance
  - Risk management

- Ensure protection appropriate to review
  - *QCIPA*? Legal privilege?
  - Protect information provided/obtained
  - Protection of documentation

(d) Know Reporting Triggers

- Obligations under *HPPA*
  - Communicable disease obligations for facilities
  - Outbreak, Cluster
    - Is threshold for reporting met?
    - Report to whom?
    - What must be reported?
    - Follow-up?

Other Reporting/Disclosure

- "Critical incidents"
  - Mandatory disclosure of critical incidents to patient/SDM
  - Is threshold for disclosure met?
  - "Caused or contributed"
    - Verify critical incident relates to *C. diff*
    - Verify incident is nosocomial
  - Disclosure of facts, not speculation
  - Documentation requirements

. . . Other Reporting/Disclosure

- Coroner?
- Occupational health and safety reporting where staff infection?

(e) Internal Policies/Procedures

- Infection prevention, identification, control
- Internal notification triggers, process
- Reflective of reporting obligations
- **Best practices**
- Enforced facility-wide

(f) External Communication

- Routine reporting to Ministry
  - Comply with requirements

- Consider how information is presented on website, other communications
  - Audience may include patients, visitors, media
  - E.g. facility patient safety initiatives, specific risks of infection, outbreaks, etc.

. . . External Communication

- Timely, meaningful
- Acknowledge baseline, be realistic
- Reflective of recommendations for *c. diff*
- May need to vary depending on indicator, reporting requirements, circumstances
- Appropriate contact for follow-up
- Tailor to your audience

Final Thoughts

- Meet current reporting requirements for *C. diff*
- Anticipation of upcoming changes
  - Intro of Infection Control Resource Teams
  - Be prepared for December, April
  - Currently just hospitals . . . Expansion to other health facilities (e.g. long-term care)?
  - Class action suits where outbreak?

. . . Final Thoughts

- Patient safety, risk management
  - Ensure policies, procedures, practices are appropriate
    - Prevention, identification, control
    - Enforcement
  - Manage expectations
  - Strategic communication – patients, public, media

Questions?

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Thank You!