

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



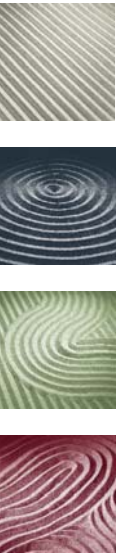
The Baseline

- 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



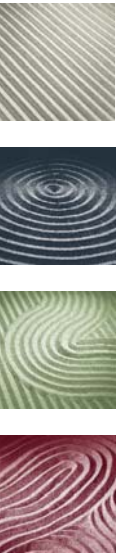
Public Health Reporting

- *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*



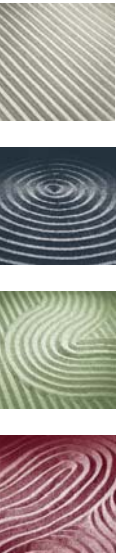
. . . *C. difficile*

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



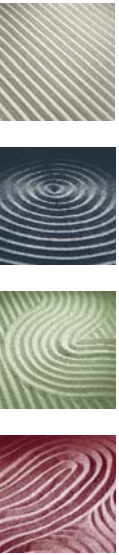
. . . *C. difficile*

- 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



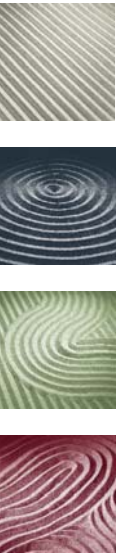
. . . *C. difficile*

- 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



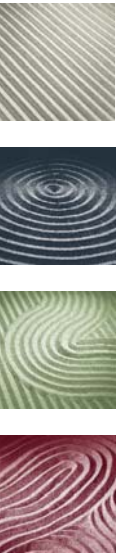
Coming Up

- 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



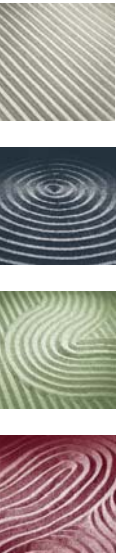
. . . Meeting Requirements

- 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



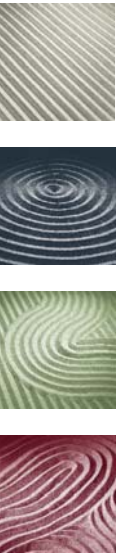
. . . **Safety and Risk**

- 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?



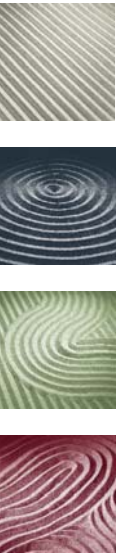
(e) Internal Policies/Procedures

- 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.



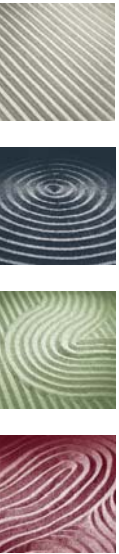
. . . External Communication

- 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!