Patient Safety Reporting and Disclosure

Coffee Talk
October 15, 2008

Kathryn Frelick
Jesstina McFadden
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
  – 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
• 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?

Kathryn Frelick  416.595.2979
Jesstina McFadden  415.595.2990

or

1.800.387.4452

healthretainer@millerthomson.com

Thank You!