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ISSUE BRIEF
G. Patient safety reporting and outcome standards

Resolved, that healthcare leaders, funding providers and governments commit to publicly reporting results of the analysis of patient safety incidents and to establishing core facility infection prevention and control standards and practices to drive optimal clinical outcomes.

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ISSUE

Hospitals and long term care facilities are failing Canadians by becoming enabling vehicles for patient/resident morbidity and mortality due to preventable Healthcare Associated Infections (HAIs). Canadian hospitals and long term care facilities are overcrowded, poorly designed to meet the modern challenges of health service delivery and are too frequently poorly maintained with unhygienic environments.

Canadians expect a comparable healthcare experience across the country. This would allow health leaders to make more effective resource utilization decisions with clear and compelling standards of practice. The national patchwork of guidelines, coupled with mostly unenforceable mechanisms for measuring compliance with known infection prevention and control (IPAC) best practices for the environment of care, have resulted in a wide range of operating practices, sub-optimal facility conditions and environmental hygiene levels, particularly in institutional environments.

Existing mechanisms to facilitate the sharing of findings and recommendations from patient safety incident analysis and uptake of learnings related to IPAC best practices and the environment of care are sub-optimal. As senior healthcare leaders balance multiple critical priorities (including, for example, the objectives of optimizing patient wellness, improving access to care and bending the cost curve) decisions are being made that pit one objective against another.

BACKGROUND
The current situation is a patchwork of guidelines and a lack of mechanisms to mandate a healthcare facility to achieve minimum standards of IPAC and safe environment of care practices. There is also a lack of publicly available patient safety incident learning summaries to inform uptake of recommended IPAC practices related to the environment of care.

It is too easy to overlook the less tangible, critical contribution the environment of care provides. As hospitals and long term care providers struggle with ever-constricting finances, health care delivery reforms have not yet translated into reduced pressure on institutionalized care. Governments, looking to hold the line on costs, are expecting service providers to achieve more with less and are holding health care organizations publicly accountable for their performance.

Patient safety reporting and outcome standards are relevant due to the unsustainable cost curve of the Canadian healthcare system. HAIs are costly. For example, three critical HAIs for which environmental hygiene is known to play a role in preventing infection transmission (CDAD, MRSA, and VRE), are estimated to cost the Canadian healthcare system over $83M CAD. Treating HAIs, may include prolonged hospitalization, special control measures, expensive treatments, extensive surveillance, and is more costly than prevention. The HAI problem has not yet been resolved. Indeed, by some indicators, the problem is getting worse.

Concern over the risk of becoming sick (i.e. from an HAI) while in hospital is growing in the minds of the national psyche. The media are more acutely focused on the issue; they understand the public's fears and its resonance with public confidence.

Both the United States (U.S.) and the United Kingdom (U.K.) have implemented national, enforceable, standards for the environment of care. These jurisdictions are unique from Canada's health system, and measures taken in the U.S. and U.K. may not necessarily effect change to the same degree. However, in these jurisdictions, hospitals and long term care facilities are inspected by independent agencies that have the power to order improvements and extract penalties for poor performance. Sub-optimal performance is punished, leading performance is rewarded, and both are publically acclaimed in local and national media.

CONSIDERATIONS
Canadians hold their publically operated health system as sacred. Reporting of sub-optimal environmental conditions may increase pressure for the expansion of private sector options. However, funding providers may have concerns that health service delivery spending could increase as a result of the need to invest to meet standards. A grass-roots, "made-in-Canada" solution to patient safety reporting and outcome standards that reflects the nuances of the Canadian system, will garner more acceptance with professionals and industry insiders.

Health care delivery is a jurisdictional responsibility. At the provincial/territorial level there will be little appetite to relinquish authority to an oversight body that is independent of health spending policy and there is no national body with the regulatory jurisdiction to create enforceable standards.

Environment of care and infection prevention best practices exist across Canada and internationally. Governments, relevant professional bodies and industry should come together, and collaborate within the National Patient Safety Consortium to elevate an action plan for "patient safety through the environment of care" and to develop a national practices framework of core standards and recommendations.

The implications of not addressing the issue include: further deterioration of operating conditions in the environment of care; Canada falling behind other western and developed countries in HAI rates; and an increasing chorus of voices calling for private sector alternatives to the publically operated healthcare system.

Public disclosure of environmental hygiene performance audits and results of comprehensive analyses of preventable HAIs will put pressure on politicians to ensure mechanisms are in place to protect patient safety and reduce HAIs. In fact, consumerism coupled with full and transparent performance reporting and modern communication channels, may out-perform regulation and bureaucratic oversight.

NEXT STEPS

Canada requires an evidence-based, nationally consistent system to support patient safety reporting, along with facility operating standards for the environment of care, compliance oversight, public reporting of inspections and patient safety incident learning summaries to inform uptake of recommended IPAC practices related to environment of care. Next steps moving forward include:

1. Creating a set of national environment of care infection prevention and control practice-standards, which are translated into enforceable jurisdictional regulations, and/or;
2. Building a business case that would see a pan-Canadian body inspect facilities, audits HAI data, and publish a dashboard of surveillance and performance (against standards), and/or;
3. Revamping the Accreditation Canada mandate, standards of practice, and methods of assessment to include more prescriptive assessment of the environment of care, and/or;
4. Funding research for expansion of operating practices that support an optimal environment of care; where it exists, use clinical evidence to inform a balanced assessment framework.

Many stakeholders have a role to play in moving forward the patient safety reporting and outcome standards agenda. For instance, the influence of the National Health Leadership Conference and the engagement of the National Patient Safety Consortium could be leveraged to develop and elevate a plan and standards to protect the environment of care. Others include Health Canada (Infection Prevention and Control), the Public Health Agency of Canada; provincial and territorial governments, the Canadian Patient Safety Institute, Accreditation Canada, Canadian health leaders (including NHLC delegates), NHLC Co-Sponsors - HealthCareCAN and the Canadian College of Health Leaders, and private sector and industry providers of related services, products and technologies.

This brief was prepared by: Mark Heller, MBA, Environmental Hygiene Consultant, and National Chair Environmental Hygiene Interest Group – Infection Prevention and Control – Canada.

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