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The Canadian Healthcare Safety Symposium

Friday, October 22, 2010

Halifax Marriot Harbourfront Hotel

Did you see the story in the Canadian Medical Protective Association publication *Perspective* in September?

“The World Health Organization recently introduced the Surgical Safety Checklist” and “the Canadian Patient Safety Institute in the collaboration with the University Health Network at the University of Toronto, adapted this checklist for use in Canada.”

The article says, “A surgical safety checklist is meant to foster a patient safety mindset, facilitate communication across the patient care team and reduce the likelihood of certain adverse events.”

And then on Wednesday this Associated Press headline: “**Surgery checklist reduces deaths**”.

It referred to a study published in the *Journal of the American Medical Association* and conducted through Veteran Affairs hospitals in the U.S.

It found that **surgery checklists helped reduce surgery deaths by 18 per cent on average over three years in the 74 Veteran Affairs hospitals that used the strategy. The study found that death rates were lowest where surgical staff had the *most teamwork training*.**

What a concept – everyone working together and playing a part in patient safety.

As leaders in healthcare safety, **none of this** is news to you.

I am pleased to welcome you back to Halifax, where your discussions began a decade ago and where you will review progress in the field and talk about what’s next.

The Province has been privileged to work with Dr. Pat Crosskerry on patient safety for many years now. I feel humbled to be here with Dr. Quality, Dr. Safety. He started the Halifax Series a decade ago. He is a national and international leader in the field.

He pushed to have patient safety included in the curriculum of Dalhousie Medical School. It was the first school in Canada to do this. The dean -- Dr. Tom Marrie – continues to support this initiative.

Jan Davies and Trevor Theman are co-chairs of the Halifax Symposia. They took the series across the country and back again, and their vision has helped evolve this event into Canada’s flagship in healthcare safety.

For several years now, the Canadian Patient Safety Institute has been the “glue” that holds the patient safety movement together. The institute has been a long-time partner, and is a national leader to all of us.

About health care in Nova Scotia

...**Every day**, our health system serves thousands.

Every year...

- 100,000 inpatient and day visit surgeries
- 100,000 ground and air ambulance transports
- 100,000 Healthlink 811 service calls
- 665,000 ER visits
- 1.2 million diagnostic imaging tests -- x-rays, MRIs and CAT scans
- We spend 45 per cent of the budget on health care -- \$3.6 billion.

The multi-billion dollar question is -- are we getting better health outcomes for all that work?

There are several initiatives we're working on to answer that question.

We're reviewing what we're doing – through the Dr. John Ross review of Emergency care, the Advisory Committee on Mental Health, our consultation on generic drug prices ...

We're improving what we're doing -- emergency health services and enhancing primary health care.

We're reducing surgical wait times.

We're creating a new drug unit and reducing the cost of pharmaceutical drugs.

We're looking at **providing value for money** through effective and efficient uses of our resources.

And ... We're developing a quality and patient safety initiative.

A health system that puts quality and patient safety first is better managed, more attractive to health care providers, and it better serves Nova Scotians.

The percentage of hospitalized patients who experience medical error is estimated to be in the range of 7.5 per cent to more than 10 per cent, depending on the literature and countries that you are studying.

Nearly half of these incidents are preventable.

We need to do better.

Recently, the Department of Health has restructured and enlarged the capacity of the Quality and Patient Safety Division.

It will now include Infection Prevention and Control and the Wait Times project -- with one Executive Director for Health System Quality, Safety and Wait Times Improvement.

This group will support the work of a policy advisory committee -- the Quality and Patient Safety Committee. It's a first step.

The committee's purpose will be twofold:

- to provide advice and recommendations to the Minister on Quality and Patient Safety matters across the continuum of care in Nova Scotia's health system; and
- to bring health system stakeholders together in partnership to promote and inform a provincially coordinated, innovative, and patient-centered approach.

We are starting with an Advisory Committee structure based on the Policy Model. We'll evaluate its effectiveness after two to three years.

The time is right to make changes to health care. Finances...health outcomes...politics ...spirit of collaboration...and many other factors are uniting to create an opportunity to reshape what we're doing and how we're doing it.

I have been involved in many conversations this fall on health care reform, innovation, renewal...

But much about these conversations is from a bird's eye view. Nothing hits you in the gut quite like hearing how a patient suffered due to an error, a mistake.

She received five times the dose of chemotherapy. He had surgery on the wrong ear -- the good ear.

A child has the wrong kidney removed. The directions on the prescriptions weren't clear. The nurses and doctors wouldn't listen to each other

The outcome can be an annoying slip up to a prolonged hospital stay, to disability, to death.

I met with Peter Flattery, the CEO of the HIROC Group yesterday. I was talking about how I had to replace my oil tank every 10 years in order to get insurance.

I was saying, why wouldn't a surgical checklist be a requirement for hospitals getting insured?

The time is right for Halifax 10 to talk about these ideas, about what's next ...because the F/P/T Health Accord expires in 2014.

The Provinces have committed to reducing wait times, advancing issues such as health human resources, home care, pharmaceutical coverage, primary care, and health promotion.

The Premiers have outlined several commitments for work toward 2014 – such as working together to bring growth of health care costs to a more sustainable level ...

We need to look at “sustainability” from a “value for money” perspective. How will Quality and Patient Safety fit into this discussion?

At the June 2010 PT Deputy Ministers' meeting, BC took the lead to develop a critical path towards 2014 – and Nova Scotia is supportive.

We need to work on a Provincial-Territorial Framework for Agreement by September 2012.

Nova Scotia will be the lead province – and we'll be looking to our partners in health – like you -- to help us achieve that target.

What do we need to do differently to renew health care?

That's the billion-dollar question, and why we are having these conversations weekly – to talk about what we're doing right, and what we could be doing better.

I believe that we can improve the quality and safety of health care – through the passion and expertise of those here today, the professionals working in health care every day, and the commitment from Government to make it so.