

# NON PROFIT SOCIETY

## POSITION STATEMENT

### Safe, Reliable Health Care in Canada

#### **ACEN's Position**

ACEN believes that access to safe, reliable, quality care is a fundamental right of all Canadians.

The involvement and leadership of nurses are essential elements in creating a safe and reliable health care system. The system depends upon nurses who are involved in direct clinical care to be the “eyes and ears” – the assessors and monitors of patients, the coordinators of the care team and the interceptors of errors before they occur. The system depends upon the system knowledge and experience of nursing leaders to identify issues, advocate for, initiate strategies and provide ongoing support for safe clinical environments.

As a national leader in promoting patient safety, ACEN is pursuing initiatives that support evidence-informed interventions by nurses and others to ensure patient safety and quality needs are met. These include advocating for adequate human resources, close attention to system redesign, legislative requirements for disclosure, strong executive leadership endorsement of safety as a first priority, and collaboration with other national and provincial quality leaders.



## Background

It is estimated approximately 37 % of adverse events occurring (Baker et al, 2004) in Canadian hospitals are preventable. Reducing adverse events is a complex system-wide challenge requiring a broad range of actions. Information and publicity on the extent of adverse events in healthcare, have given rise to greater demands by the public, healthcare providers and funders for accountability and better performance management.

Research is now beginning to document what has long been known to care providers: how well we are cared for by nurses directly affects health outcomes. Ensuring patient safety requires operational systems and processes of care that maximize both quality improvements and the prevention of adverse events. In many healthcare organizations in Canada, there is still a gap between the safety values expressed and the adequacy of operational supports provided to staff to ensure implementation and sustainability of best practices. These gaps include: the lack of technical infrastructures such as information systems and decision-support tools, resources/ equipment for accident/ injury prevention, and education and training resources for knowledge transfer. Innovative, systems-level approaches to work redesign are needed, as is adequate resourcing from senior healthcare leaders and governments at the local, provincial and national levels.

Additionally, efforts directed toward promoting interprofessional collaboration in planning, delivering and evaluating care outcomes, are critical to effective uptake of new practices. A precursor to collaboration is clearly articulated and robust safety standards and indicators that allow for, and support, performance monitoring.

ACEN recognizes, endorses and applauds current efforts aimed at building a safer health care system, including the introduction of disclosure legislation by some provinces, the initiatives sponsored by the Canadian Patient Safety Institute ( *Safer Healthcare Now* campaign), and those of the Canadian Council on Health Service Accreditation (required organizational safety practices), aimed at improving specific clinical care and organizational processes.

Ultimately, ACEN recognizes that the creation of a truly safe and reliable healthcare system is both a moral and financial imperative that all health care leaders must address. This requires commitments of dedicated resources for basic equipment, information systems, learning activities, and paid time for clinically expert nurses to support the ongoing facilitation of practice changes. In fulfilling its leadership mandate ACEN will continue to lead initiatives aimed at improving the quality of care for Canadians, a key priority. ACEN will also continue to work individually and collaboratively with national / provincial partners to lead and support effective safety strategies to improve the healthcare system.



### **ACEN Publications on Safety:**

ACEN and ACAHO. (2005). Patient safety culture and leadership in Canada's academic health science centres. Joint position paper of the Academy of Canadian Executive Nurses (ACEN) and Association of Academic Healthcare Organizations (ACAHO). *Healthcare Quarterly*, 8(1), 36-37.

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### **Other References:**

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Baker, R., P. Norton, V. Flintoff, R. Blais, A. Brown, J.Cox, E. Etchells, W. Ghali, P. Hebert, S. Majumdar, M. O'Beirne, L. Palacios-Derflingher, R. Reid, S. Sheps and R. Tamblyn. (2004). The Canadian adverse events study: the incidence of adverse events among hospital patients in Canada. *Canadian Medical Association Journal*, 170(11): 1678-1686.

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CCHSA. (May 2003). *Patient Safety Strategy: A Vision for a Safe Health Care System*. Canadian Council on Health Service Accreditation publication. Source: <http://www.cchsa.ca/pdf/CCHSAPatientSafetyStrategy.pdf>

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Seago J. (2001). Nurse staffing, models of care delivery, and interventions. In: Shojania K, Duncan B, McDonald K, Wachter R (Ed's.) *Making Health Care Safer: A Critical Analysis of Patient Safety Practices*. Evidence Report/ Technology Assessment No. 43. Rockville, MD: AHRQ.