


ICSP: Les débuts, les succès, l'avenir

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LES DÉBUTS

a) Le tout début

- Publications médiatiques: 1999-2001
 - Guillaume Depardieu
 - Le cas d'Halifax (vincristine intrathécal)
 - Le Journal de Montréal – toutes les semaines
 - Surdose
 - Chirurgies mal effectuées ou mauvais site
 - Asphyxie sous contention

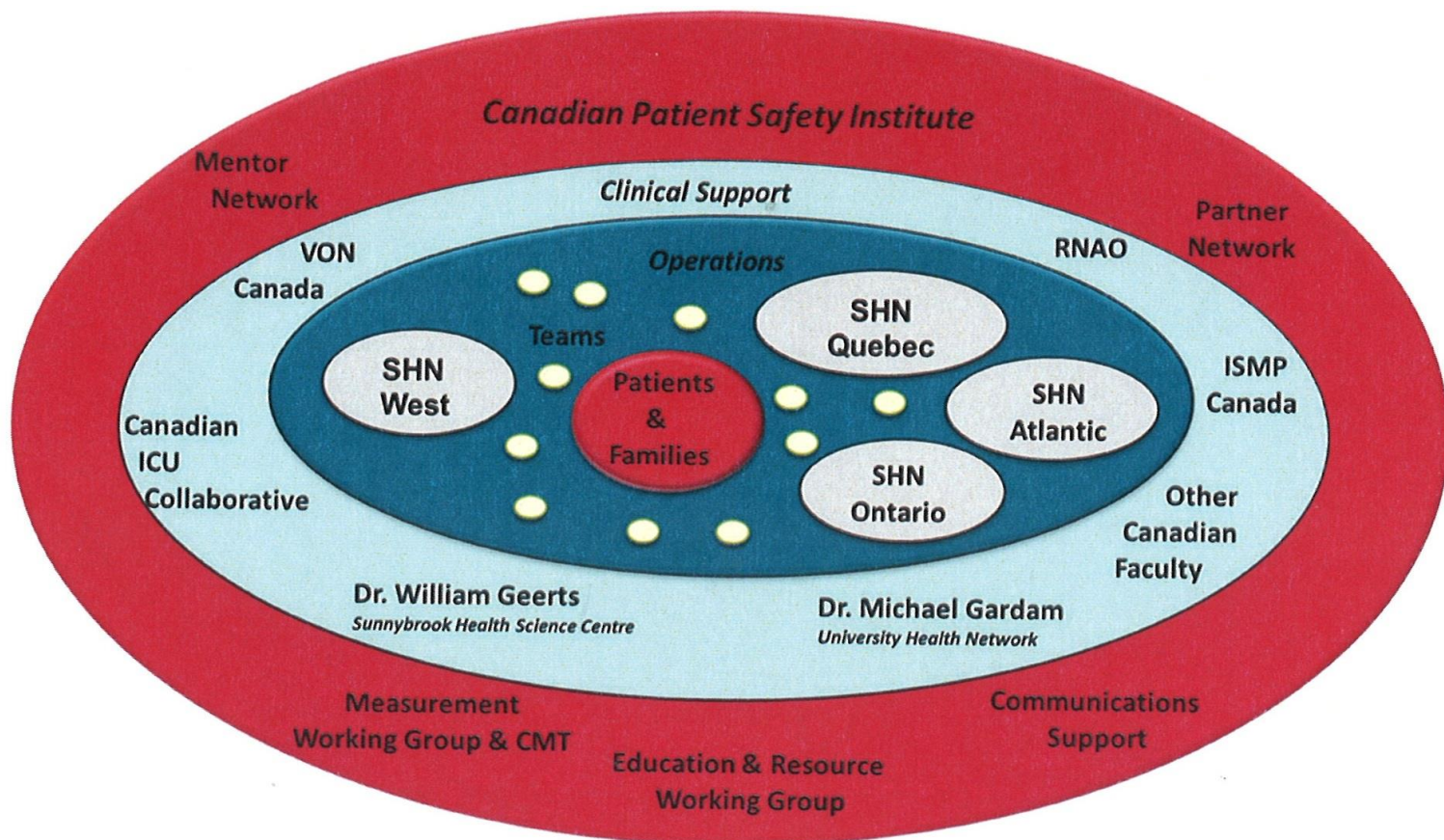
- Publications scientifiques:
 - Australie
 - États Unis: New York, Utah, Colorado
 - *``To Err is Human`` (incidence sous-évaluée)
 - Norton et Baker
 - Travaux Commencés
 - Saskatchewan
 - Québec-Rapport Francoeur – 2002 (Loi 113)
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b) ICSP: Le début

- Septembre 2001
 - Collège Royal des Médecins et Chirurgiens
 - Table ronde
 - Création du Comité Directeur – Prés Dr. John Wade – 5 sous comités
 - *Subvention de Santé Canada et contribution de 9 provinces

LES ACCOMPLISSEMENTS

- Création de ICSP: Phil Hassen – Hugh McLeod
- Publication: Safer Healthcare Now (100,000 Vies Sauvées)
 - Fondation des activités de ICSP
- Activités
 - *Lobbying/Réseautage – Laboratoire de Simulation
 - Intervention
 - Éducation
 - Création d'outils
 - Recherche – directement vs subventions
 - Communication



SHN Interventions

- Acute Myocardial Infarction
- Infection Prevention and Control
- Central Line-Associated Bloodstream Infection
- Reducing Falls and Injury from Falls
- Medication Reconciliation
- Rapid Response Teams
- Surgical Site Infection
- Ventilator-Associated Pneumonia
- Venous Thromboembolism
- Safe Surgery Saves Lives
- Hand Hygiene

SHN Tools, Resources, and Activities


- Getting Started Kits
- Online Education
- Articles and Newsletters
- Virtual Programs
- Patient Safety Metrics
- National Calls and Information Sessions
- Collaboratives
- Workshops
- Communities of Practice
- Action Series
- Learning Series

INTERVENTIONS

En particulier

- Réconciliation des médicaments
- Prévention et contrôle des infections – nosocomiales et des sites opératoires
- Vérification pré-opératoire

ÉDUCATION

- Gouvernance: Qualité/Sécurité des patients
 - Cadre de formation d`agent de la sécurité des patients
 - Cadre des compétences en sécurité des soins aux patients
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OUTILS

- Guide canadien de divulgation aux patients
- Guide canadien d`analyse des causes fondamentales
- Projet de codabar pharmaceutique


RECHERCHE (directement/subvention)

- Sécurité des patients dans les contextes de:
 - Soins à domicile
 - Centre de longue durée
 - Santé mentale
- L'importance des améliorations de la sécurité sur les économies et l'efficience du système de santé

COMMUNICATION

- Semaine de la Sécurité des patients

L'AVENIR

- Nécessité d'un organisme national mais
 - Nécessité de se créer une niche
 - Danger: Dilution de l'importance de la Sécurité par les autres composantes du mot qualité (ex: par comparaison aux concepts d'accessibilité et efficience, mots favoris des politiciens et bureaucrates).
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Provincial Framework - **Ontario**

- ***Nine attributes of a High-Quality Health System: accessible, effective, safe, patient-centred, equitable, efficient, appropriately resourced, integrated, and focused on population health.***

ATTRIBUTES OF QUALITY	OUTCOMES
Accessible	People should be able to get the right care at the right time in the right setting by the right healthcare provider.
Effective	People should receive care that works and is based on the best available scientific information.
Safe	People should not be harmed by an accident or mistakes when they receive care.
Patient-centred	Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.
Equitable	People should get the same quality of care regardless of who they are and where they live.
Efficient	The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.
Appropriately Resourced	The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs.
Integrated	All parts of the health system should be organized, connected and work with one another to provide high-quality care.
Focused on Population Health	The health system should work to prevent sickness and improve the health of the people of Ontario.

Provincial Framework - Alberta



ALBERTA
QUALITY MATRIX
FOR HEALTH



DIMENSIONS OF QUALITY AREAS OF NEED	ACCEPTABILITY Health services are respectful and responsive to user needs, preferences and expectations.	ACCESSIBILITY Health services are obtained in the most suitable setting in a reasonable time and distance.	APPROPRIATENESS Health services are relevant to user needs and are based on accepted or evidence-based practice.	EFFECTIVENESS Health services are based on scientific knowledge to achieve desired outcomes.	EFFICIENCY Resources are optimally used in achieving desired outcomes.	SAFETY Mitigate risks to avoid unintended or harmful results.
BEING HEALTHY Achieving health and preventing occurrence of injuries, illness, chronic conditions and resulting disabilities.						
GETTING BETTER Care related to acute illness or injury.						
LIVING WITH ILLNESS OR DISABILITY Care and support related to chronic or recurrent illness or disability.						
END OF LIFE Care and support that aims to relieve suffering and improve quality of living with or dying from advanced illness or bereavement.						

Adopted June 2005 by the Health Quality Network, an HQCA collaborative. Adapted from the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services under contract to the Institute of Medicine.

www.hqca.ca

Provincial Framework - BC



BC PATIENT SAFETY
& QUALITY COUNCIL
Working Together. Reducing Harm.

BC Health Quality Matrix

	DIMENSIONS OF QUALITY				
	ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
AREAS OF CARE	Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes
STAYING HEALTHY Preventing injuries, illness, and disabilities					
GETTING BETTER Care for acute illness or injury					
LIVING WITH ILLNESS OR DISABILITY Care and support for chronic illness and/or disability					
COPING WITH END OF LIFE Planning, care and support for life-limiting illness and bereavement ⁴					
EQUITY Distribution of health care and its benefits fairly according to population need EFFICIENCY Optimal use of resources to yield maximum benefits and results DIMENSIONS OF QUALITY					

⁴ Descriptor reflects direction of the Ministry of Health and input from the Provincial End of Life Standing Committee.

In 2008, the BC Health Quality Matrix was developed in collaboration with the members of the Health Quality Network which included BC's Health Authorities, Ministry of Health Services, academic institutions and provincial quality improvement groups and organizations.

www.bcpsqc.ca