Patient Safety & Learning System

Implementing BC Patient Safety & Learning System: A Centralized Approach to Provincial Spread and Adoption

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Background

A robust adverse event reporting and learning system is foundational to a comprehensive patient safety program. Electronic tools can remove harriers to reporting created by paper-based systems, and a patient safety-focused approach to implementation can remove other barriers by fostering safety culture. However, implementation can be expensive and time-consuming and the expertise needed to achieve adoption is not always available. We have taken steps to address these challenges in our provincial implementation of the BC Patient Safety & Learning System (BCPSLS).

Healthcare Administration in BC

BC is divided into six health authorities (HA), five of which - Fraser, Interior, Northern, Vancouver Coastal and Vancouver Island - are geographically defined. The sixth, Provincial Health Services Authority, administers specialty services throughout the Province.



Figure 1. Areas covered by the five geographic health authorities.

Objective

Can a centralized implementation approach effectively achieve system adoption by diverse, geographically distributed users?

Methods

Between 2007 and 2009, five of the six HAs began to implement BCPSLS. Each was assigned a Project Manager and Configuration Analyst from our Central Team. Other members of our multidisciplinary group provided overall vision, leadership, change management, technical expertise, training and communications support. implementation as a 'culture carrier' - a change initiative aimed at increasing awareness and fostering safety culture. combined rigorous project management with an iterative quality improvement model to engage HA leaders and staff and transferred knowledge and ownership over several implementations

Figure 2. Number of new reports per

since February 2008, as shown by this line

records with an average of 150 new events

reported daily.

month. The number of safety event reports in

the provincial database has steadily increased

graph. The database now holds nearly 45,000

Piecing together a **Culture of Safety** Fraser Provincial Health Northern • Pop: 300 000 • Pop: 1.5 million Services · Largest health authority Largest health authority · Non-geographic authority by population by land mass Delivers specialized Smallest population Smallest land mass services across BC BCPSLS implemented in BCPSL\$ implemented BCPSL\$ implemented in across most acute care all settings all agencies settings **BCPSLS Central Team** Change ✓ Implementation ✓ Leadership · Inclusive Steering and Management Support Advisory Committees Stakeholder engagement Project management Contract management · Readiness assessment Configuration support Vision & direction Communications plans Tool Kit · Links with other Training plans Knowledge transfer organizations & Evaluation initiatives ✓ Communications ✓ Training ✓ Technology Centralized database Newsletters Train-the-trainer 'Boot Annual reports Camps' & hands-on & infrastructure Web-based application Bulletins & updates classroom sessions Web pages E-learning Skilled technical team Presentations Guides & manuals Aggregate reports Vancouver Island Interior Vancouver Coastal Pop: 1 million • Pop: 725 000 • Pop: 750 000 · Planning for BCPSLS BCPSLS implemented in BCPSLS implemented in all acute care, residential settings (discussions with implementation Providence Health Care & most community settings underway) begun

BCPSLS has been adopted by a large segment of the province's healthcare sector in acute care, residential and community settings. Reporting volumes have steadily increased (Figure 2) and an average of 150 event reports are received daily. The provincial database now holds nearly 45,000 records. Each HA is taking responsibility for any remaining implementation ongoing sustainment and growth, while maintaining connections to our Central Team. Engagement remains strong, as demonstrated by active participation by all HAs on our governance and advisory committees and working groups. Implementation planning with the sixth and final HA has begun.

Results

We have learned that although each HA is different, success requires that certain steps always be taken before system implementation begins. Specifically:

- develop an understanding organizational and safety culture
- tailor plans based on leadership awareness and engagement, organizational readiness and unique learning needs of various user groups
- use a targeted campaign approach to communications to raise awareness and foster engagement.

Discussion

Our centralized model effectively promoted adoption of BCPSLS to diverse HAs across the province. Our deliberate approach to engagement and knowledge transfer set the stage for further spread and sustainable change. Our use of implementation as a 'culture carrier' fostered safety culture.

Others undertaking similar work should consider the benefits of a centralized model, particularly in terms of consistency of approach, optimal, cost-effective use of expert resources and the potential for rapid spread. The importance of assessing organizational culture and change readiness prior to beginning cannot be stressed enough, and time must be allocated to allow these assessments to be undertaken. This approach requires significant effort before the first Go Live, after which progress is rapid. Expectations should be aligned accordingly.

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References

WHO Draft Guidelines for Adverse Event Reporting and Learning Systems (World Alliance for Patient Safety, 2005)