



Children's Hospital takes a lesson from parents

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BY VANCOUVER SUN NOVEMBER 5, 2009



Parents have such a keen eye when it comes to their children that doctors at B.C. Children's Hospital are inviting them to be their harshest critics.

In a two-year study, parents of children on a surgical ward at the hospital are being asked to complete a questionnaire before discharge that identifies any and all adverse events or errors that could -- or actually did -- compromise their children's safety and well-being.

The Bedside Observer Study has been completed by 466 parents over the past 10 months and another 80 are still to be collected before the information is fully evaluated. Since the study began, about a quarter of parents have reported at least one problematic event, but only about five per cent have been serious enough to cause a "potential for harm," according to lead investigator Dr. Mark Ansermino.

Serious errors include such things as equipment failures, treatment complications, falls and medication mistakes, which can mean the wrong dose wrong time or wrong drug.

Briana Tomkinson, a New Westminister mother of a newborn who was in Children's Hospital this week for eye surgery, said in an interview she was highly impressed with the care, but did note a few things that could improve.

"For the most part I was really pleased, but I did mention a few things in the questionnaire from a

facilities point of view, starting with the fact that there was no place for me to nurse the baby in the intensive care unit and no place for me to sleep, which is a problem when you are breast-feeding a newborn.

"Also, when it was time to insert an IV, there wasn't a special IV team on duty so the baby got poked 10 times, causing a lot of unnecessary pain before they found a vein, whereas the IV team got the needle in the first time it was attempted."

Tomkinson praised the hospital staff for being interested in parents' feedback.

"It's not that the hospital staff aren't responsive, caring and passionate about what they do, but everyone is so busy, you wonder if problems are getting addressed if they aren't life-threatening."

Dr. Doug Cochrane, chairman of the B.C. Patient Safety and Quality Council (BCPSQC), is a co-author of the study and says he hopes the surveys become a permanent fixture.

He envisions something like kiosks situated in various locations where patients or their parents can go to complete computer surveys.

The B.C. College of Physicians and Surgeons reports every year that the most common types of complaints from patients relate to poor communication; Ansermino said in this study, communication is also commonly cited, whether it is between different health professionals or between health professionals and patients or parents.

"Some types of mistakes are more likely to happen to children [since] they may be too young to appreciate what is happening. The consequences may also be more dire," said Ansermino, who is also director of pediatric anesthesia research.

The \$220,000 study is funded by the federal Canadian Institutes for Health Research, the Canadian Patient Safety Institute (CPSI) and the department of Quality and Safety at Children's Hospital.

Phil Hassen, CEO of the CPSI, said: "The Bedside Observer study is exactly the message we are sharing with thousands of Canadians during Canadian Patient Safety Week [this week]. Ask. Listen. Talk. Good health care starts with good communications. This program out of Children's is an important example of good communication."

The BCPSQC has also initiated a program called It's Good to Ask, which encourages better communication among patients, family members and health-care providers. There are tools for patients and family members on its website, www.bcpsqc.ca. These include a worksheet, medication card and information sheet in English, French, Chinese and Punjabi, with more languages to be added.

"We know that good health care starts with good communication," Cochrane said, adding, "We hope that we will be able to reduce the number of preventable injuries caused by miscommunication."

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BEDSIDE OBSERVER STUDY REPORTING SURVEY

A sample of questions:

- Do you think a problem with medication occurred or was stopped before occurring?
- Do you think a complication of care (e.g.: bleeding) occurred or was stopped before occurring?
- Do you think an equipment problem occurred or was stopped before occurring? (e.g.: equipment failed, wasn't used properly, wasn't available.)
- Do you think miscommunication between staff or between family and staff occurred or was stopped before occurring? (e.g.: not enough information, conflicting or incorrect information regarding diagnosis, treatment or care).

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