



Association des Patients du Canada
Patients' Association of Canada

Systems in Place for Addressing Patient Injuries

To Err is Human: What Every Patient
Should know about Medical Errors
Toronto April 13, 2013

Welcome: the Patients' Association

- Thanks for the invitation from Amani Oakley to share in this conference that is of such great interest to our membership in the Patients' Association
- What a good session this has been
- I hope that my comments can add something to the mix however slight



In this short talk I will try to say something about:

- The causes and nature of medical errors
- What happened to me and what I could complain about
- Systematic changes to reduce them



- Estimating Preventable Hospital Deaths Due to Medical Errors 2001
 - between 6% and 22.7%
- Conclusion: inadequate quality of care
- Despite efforts to change this not much movement
- We would like to explore the source of this impasse

A Brief History of Our Health System



19th Century:

Leading cause of death - acute infectious diseases

Robert Koch & Louis Pasteur: germs that cause disease identified and vaccines developed:
modern medicine begins

20th Century:

Current healthcare system is built with its medical schools, hospitals and laboratories

1880-1960

Rapid decline of % of death by acute infectious diseases
increase in longevity

Canadian Medicare Supplies Hospitals and Doctors:



- Focus on hospitals and medical care.
- 1947 Saskatchewan Hospital Ins. Program
- 1957 A National Hospital Insurance Program
- 1962 Saskatchewan Hospital & Doctor care
- 1966 Medicare : A national program to pay for hospital care and the cost of doctors to pay for what is medically necessary
- 1985 Canada Health Act: Federal Funding



Canada 2012

- 89% of deaths due to chronic diseases
 - Cancer
 - Heart Disease
 - Lung Disease
 - Diabetes
- <3% deaths due to acute infectious diseases
- 49% of the population is on long term medication
- Everyone over 65 has at least 1 chronic condition
- More than 30% with chronic conditions have 2+

Our Current System Is...



- Acute Focused
- Expert Driven
- Increasingly Fragmented
- Data Driven
- Structured to wait for a chronic condition to become acute before we treat it
- Patients and families so far have little or no voice in it

Acute / Chronic Comparison



○ **Acute** diseases are simple or **complicated**
have clear diagnoses, can be “conquered”
with vaccines and respond well to
established procedures without much patient
participation

however...

○ **Chronic** conditions are **complex** and
require patient and family collaboration

Types of Problems - Examples



Simple	Complicated	Complex
Step by Step Recipe	Building a Bridge	Raising a Second Child
Steps are critical	Formulae are critical	Formulae useful but not alone
Steps are tested so they work each time	Building 1 bridge helps make sure the next will be ok	Raising 1 child is no assurance of success with the 2nd
No particular expertise needed	Expertise in many fields required + coordination	Expertise helpful but not alone
Same results every time	High certainty of outcome	Optimism despite uncertain outcome

Attempts to Reduce Fragmentation



- 1950s warnings about fragmentation
- Need to reconnect a system of silos
- Attempts to bridge the silos
 - 1960s Quality
 - 1970s Ethics
 - 1980s KT
 - 1990s IPE
 - 2000s Electronic Information Flow



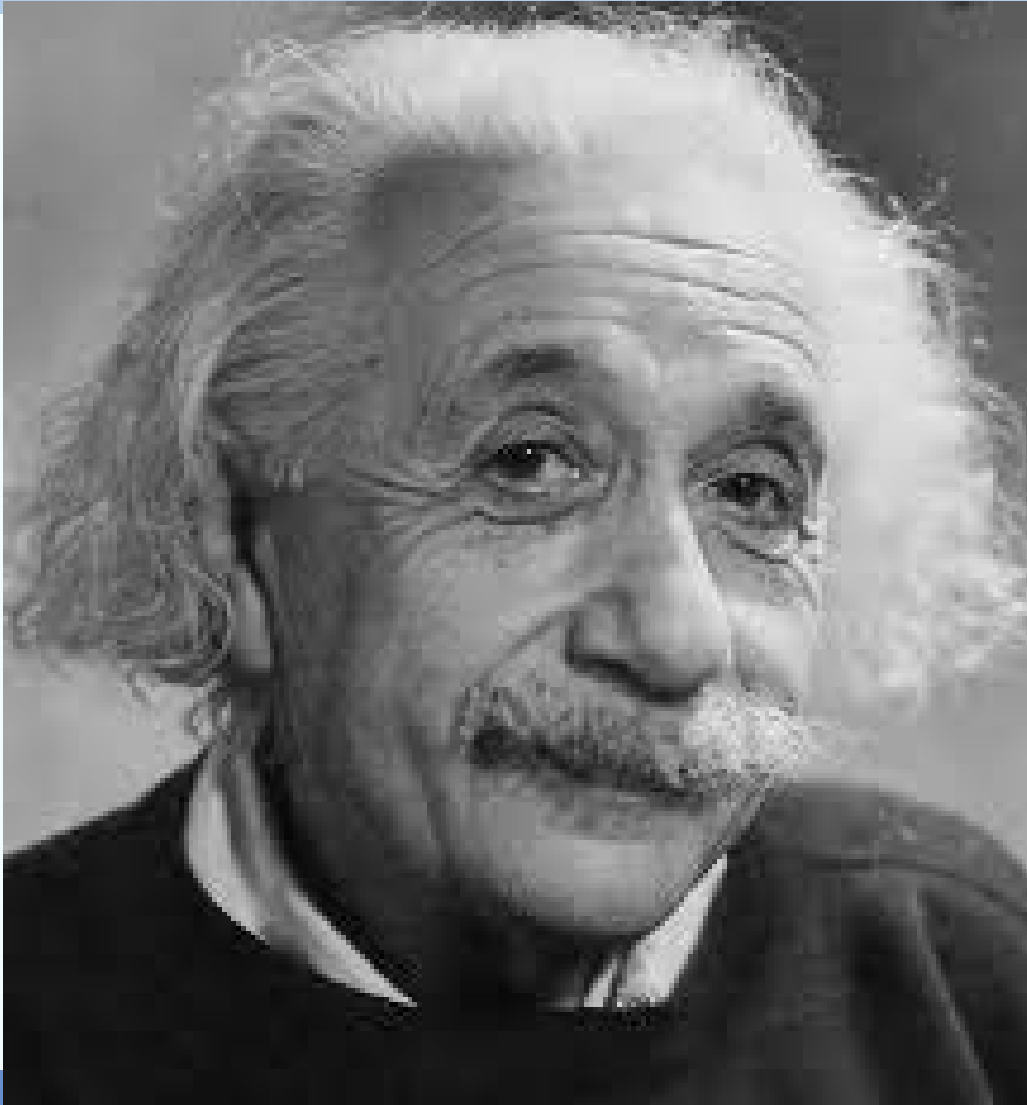
- Fragmented
- Ontario patient reps not independent
- Other provinces all different
 - Quebec Ombudsman
 - NWT Go to Doctor
 - Alberta central complaints
 - Some provinces not on web
- Variable rules at colleges

Sources of Medical Errors



- Inability of highly specialized doctors to deal with patients with multiple chronic conditions
- Inability of system to provide adequate support for chronic care outside hospital
- Poor communication among highly fragmented specialties (independent of electronic records)

“A problem cannot be solved by the consciousness that created it.”



Who Are We at the Patient's Assoc?



- We are a patient led and patient governed organization that brings a distinct patient perspective to health care
- We are beginning to speak for ourselves
- We believe that strong patient and family caregiver partnerships improve everyone's experience with health care



My Operation

Here are a few of the errors that occurred during my stay in hospital:

- 1. Error in operation by allowing a leak in the bowel reconnection that initially cause a great deal of internal bleeding and fainting spells (p.35)
- 2. Error in diagnosis by considering the problem to be superficial and under prescribing antibiotics resulting in septicemia (p. 85)
- 3. Error in not informing me of the results of the ultrasound study of my heart that showed that there was a mild mitral regurgitation in my heart (p.110)
- 4. Error in not informing me that extracting a drain tube might cause excessive leakage (p.121)

Which of these errors resulted in a successful complaint?



- Poor surgical procedure resulting in leak
- Under-prescribing antibiotics & septicemia
- Not informing me of mitral regurgitation
- Not informing of me risk of fluid leakage

Only one of them!



Mitral Regurgitation

- Because there were possible consequences that I could forestall if I was informed about it. Specifically taking prophylactic antibiotics before oral surgery

Two of Four Due to Fragmentation



- Not enough information about rates of infection after laparoscopy by inexperienced practitioner
- No consultation about leakage site and risk of infection with infectious diseases expert

Fragmentation: A Source of Errors



- Medical Damage is often due to the highly specialized nature of acute care
- Patients with multiple chronic conditions do not have their medications reconciled properly by specialists in only one area
- Patients are put at risk by interventions for one chronic condition that can exacerbate another of them

The Post Hospital Syndrome



- The rate of return to hospital by older adults is alarming
- 25% of returnees come back with a different condition
 - Post surgery Impacted bowel
 - Post cardiac COPD
 - Post medical Confusion
- New England Journal: due to hospital
 - It suggests more careful discharge
- We suggest changing the system



Hospitals -a last resort not the only alternative

- Congestive heart failure
 - Exercise facilities and support for older people
 - Monitoring
 - Early intervention
- Joint replacements
 - Far more community physiotherapy, osteopathy, exercise alternatives
- Community supports for multiple chronic conditions
 - Nutrition

A System for Chronic Conditions



- Non-medical responses to obesity
 - Nutritional Changes – Junk food taxes
 - Increase Exercise in schools
 - More opportunities for Activity
- Alternatives to Emergency Rooms
 - 24hr medical clinics
 - More non-urgent care centres
 - Training to deal with anxiety of non-urgent cases
- Train more family doctors and fewer specialists
 - Montreal Gazette April 11. 2013



- Developing patient partnerships in providing individualized care for chronic conditions
- Carers with more complete understanding of their patients conditions
- Rewards for averting hospitalization
- To make these changes we need to wake up all Canadians!

Make Your Experience Count

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It's Free

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