

PATIENT SAFETY

Canada's health care system is thought to be among the safest in the world. However, as large studies in several countries have shown,¹ health care systems are prone to error and failure, and the risk of adverse events² is significant. Problems with patient safety are seen as being driven by systemic factors such as rapid changes in the health care system, increased use of technology, restricted resources including shortages of qualified professionals and the quickening pace of work.

Canadian nurses³ have increasingly expressed concern about the ability to deliver safe care in today's health care system. Given the commitment of nurses expressed in the first value of the *Code of Ethics for Registered Nurses* to provide "safe, competent and ethical care,"⁴ nurses are experiencing increasing moral distress as they continue to work in environments that are not able to support quality professional practice. Much work has been done by nurses to address concerns for patient safety, as evidenced by the growing body of research on best practices and the Canadian Nurses Association's (CNA's) promotion of quality practice environments⁵ and appropriate human resource planning in the health system, but much remains to be done.

CNA POSITION

Patient safety is the prevention and mitigation of unsafe acts within the health care system. But for nursing it must mean more than that. It means being under the care of a professional health care provider who, with the person's informed consent, assists the patient to achieve an optimum level of health, while at the same time ensuring that all necessary actions are taken to prevent or minimize harm. Patient safety is fundamental to nursing care and health care across all settings and sectors. It is not merely a mandate; it is a moral and ethical imperative in caring for others.

Providing safe, competent and ethical care to patients within the health care system is a shared responsibility of all health care professionals, health care organizations and governments and requires the involvement of the public.

CNA believes that providing for patient safety involves a wide range of actions at the level of the individual nurse, the profession, the multidisciplinary team, the health care organization and the health care system.⁶ These actions must include adequate clinical support for nurses by nurse managers. It is also critical to patient safety that nursing care data are collected and interpreted at the national level⁷ to support research on best nursing practices.

¹ Studies in the United States, United Kingdom, Australia and New Zealand indicate that adverse events occur in the range of 3.7 - 16.6 per cent of all hospitalizations, summarized in *Nursing Sensitive Outcomes* (Doran, 2003). Canadian rates of adverse events in acute care are being investigated and are expected to be released in early 2004.

² An adverse event is an unintended injury or complication that results in disability, death or prolonged hospital stay and is caused by health care management. This is the definition being used by researchers in the CIHI-CIHR research on Adverse Events in Canadian Hospitals (Canadian Institute for Health Information, 2002).

³ Nurses refer to registered nurses, throughout.

⁴ (Canadian Nurses Association, 2002, p. 9).

⁵ (CNA, 2001).

⁶ (ICN, 2002).

⁷ (CNA, 2001).



CNA further believes that the escalating shortage of registered nurses, the use of inappropriate staffing practices and the understaffing and underskilling of health care services pose a significant threat to patient safety^{8, 9} and contribute to incidents of failure to rescue.¹⁰ Present workloads are at times so heavy that nurses are unable to develop therapeutic relationships,¹¹ make the comprehensive assessments needed and seek nursing or other expertise as required. Such workloads also prevent experienced nurses from being available to guide less experienced nurses. The casualization of the nursing workforce over the last decade, in the interest of cost-reductions, has also contributed to decreasing the availability of nurses to mentor other nurses and, at the same time, reduced the continuity of care, which in and of itself is a threat to patient safety.

Human health resource issues impacting on patient safety, such as those indicated above, must be addressed on a system level and be evidence-based. An appropriate balance must be sought between full-time nursing personnel and part-time, casual and temporary personnel. In terms of staff mix, an evidenced-based approach must be central to decisions on the nursing competencies; therefore, the level and mix of nursing staff required for a particular patient population in a particular setting.¹² Even with the right numbers of nurses and the right mix of nursing competencies, nurses in clinical leadership and unit management roles must have a span of control that reasonably permits them to provide supervision and support for nurses that will ensure patient safety.

Patient safety cannot be achieved without system accountability and system competence. Efforts to analyse and reduce adverse events in the provision of health care are most effective when such events are viewed as system failures. This concept represents a paradigm shift from a culture of individual blame to a culture of safety in which reporting adverse events is required and promoted. While individual competency may be a contributing factor, and individuals remain accountable for their own actions, it is increasingly evident that system competency plays a major role in patient safety. Only when adverse events and near misses are reported can they be analysed collaboratively to identify and address problems in the system.^{13, 14}

Patients have the right to know when an adverse event has occurred in their care and to have appropriate treatment to address the problem as far as possible. When such an event results in injury or even death, there must be open and honest communication with the patient or the family as soon as possible. The implementation of clear agency policies on the reporting of adverse events and near misses, and on disclosure of adverse events to the patient and family, are necessary to support good clinical practice and to the overall improvement of patient safety in the system.

Nurses must advocate for an environment in which nurses and other health care workers are treated with respect and support when they raise questions or intervene to address unsafe or incompetent practice.¹⁵ Whistleblowing legislation should be enacted in all jurisdictions so that, after all avenues of addressing the problem have been tried, nurses who speak out publicly in good faith¹⁶ can be protected from reprisals.^{17, 18}

⁸ (Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2001).

⁹ (Aiken, Clarke, Cheung, Sloane, & Silber, 2003).

¹⁰ (Clarke & Aiken, 2003).

¹¹ "Nurses must be committed to building trusting relationships as the foundation of meaningful communication, recognizing that building this relationship takes effort. Such relationships are critical to ensure that a person's choice is understood, expressed and advocated" (CNA, 2002, p. 11).

¹² (CNA, 2003).

¹³ (National Steering Committee on Patient Safety, 2002).

¹⁴ "Nurses must strive to prevent and minimize adverse events in collaboration with colleagues on the health care team" (CNA, 2002, p. 9).

¹⁵ (CNA, 2002, p. 11).

¹⁶ Whistleblowers are people who expose negligence, abuses or dangers, such as professional misconduct or incompetence, which exist in the organization in which they work. In health-care institutions, nurses may be the first to recognize unsafe practices or to identify actual or potential hazards (CNA, 1999).

¹⁷ (CNA, 2002, p. 17).

¹⁸ (Sinclair, 2000, chap. 10).

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The practice environment enables or hinders nurses and other health care professionals in their ability to provide safe care. Developing and supporting quality professional practice environments is a responsibility shared by practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions and the public.¹⁹

Strong leadership across the nursing profession is essential to moving forward the cultural reform that is required to ensure the delivery of safe quality care in professional practice environments.²⁰ The number of first-line managers should be sufficient to allow reasonable levels of contact with nurses in the practice environments. In settings where the majority of the staff are nurses, the first-line manager should be an experienced nurse with strong leadership abilities.²¹

Nurses have a significant contribution to make in protecting and improving patient safety. As the principal health care providers with the patients, overseeing, co-ordinating and providing care 24 hours a day, seven days a week, nurses are ideally positioned to strengthen the safety net for patient care. The nursing perspective on reducing errors and improving systems must be part of a collaborative approach involving the public, other professions, employers and governments. Adequate resources must be made available to undertake this work at all levels of the health care system.

BACKGROUND

Studies in the United States, the United Kingdom, Australia and New Zealand have shown that adverse events may occur in anywhere from 3.7 per cent to 16.6 per cent of all hospital admissions and a significant portion of these may be preventable.²² Canadian rates of adverse events in acute care hospitals are being investigated through research funded by the Canadian Institute of Health Information and the Canadian Institutes of Health Research.²³

Nursing has always given the highest priority to patient safety. Nursing associations at the provincial, territorial and national levels have centred their work around patient safety and promoting excellence in nursing practice in the interest of the public. CNA, over many decades, led the development of standards of nursing practice, education, administration and the *Code of Ethics for Registered Nurses*. CNA develops and advocates nursing and public policy that promotes not only patient safety but also high standards of health care and excellence in nursing practice.

Provincial and territorial nursing associations and colleges regulate the practice of nurses. They continually develop and maintain standards of nursing within their jurisdictions through many programs, including licensure, disciplinary procedures and requirements for continuing competence, often with the involvement of other health care professionals and public representatives. CNA develops and maintains the Canadian Registered Nurse Examination.

This combination of setting and promoting standards for the profession at the provincial/territorial and national levels has worked well in guiding individual practice to ensure patient safety. What has changed in recent years is the recognition that while the systems aimed at promoting and ensuring individual competence and accountability

¹⁹ (CNA, 2001).

²⁰ (Affonso, Jeffs, Doran, & Ferguson-Paré, in press).

²¹ (Advisory Committee on Health Human Resources, 2002, p. 39).

²² See footnote 1.

²³ See footnote 2.



are very necessary, they are not enough. Patient safety cannot be achieved without system accountability and system competence.

Patient safety concerns need to be evaluated and addressed as system-wide problems. The various movements for continuous quality improvement have tried to bring appropriate attention to system issues, but there continues to be a strong reliance on what is expected to be the flawless performance of individuals. Often this is the expectation without regard to circumstances. We are still working in a 'culture of blame' in which the investigation of adverse events is focused on assigning responsibility to individuals.

Within the national dialogue on patient safety, CNA participated in and was strongly supportive of the report of the National Steering Committee on Patient Safety,²⁴ which recommended, among other important directions, the creation of a Canadian patient safety institute. The 2003 federal budget provided for \$10 million annually to support the creation of the new institute, and CNA continues to participate in the development of the institute.

The work of CNA on promoting quality professional practice environments is one of our most important initiatives for patient safety. CNA is also a member of the Canadian Coalition on Medication Incident Reporting and Prevention and supports various efforts of other groups in relation to research on quality work-life indicators, dissemination of drug safety information, patient falls and other initiatives related to patient safety.

Central to CNA's work on patient safety is the recently revised *Code of Ethics for Registered Nurses*. The Code provides an up-to-date framework of values and professional obligations to guide nurses' actions in promoting and advocating for patient safety. It speaks to the many responsibilities for individual practice, such as obtaining informed consent, advocating for the patient's right to self-determination and disclosing of error. In addition, it highlights the importance of the practice environment, and nurses' duty to advocate for a quality practice environment and the human and material resources necessary to ensure safe and competent ethical care.

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References:

- Advisory Committee on Health Human Resources. (2002). *Our health, our future, creating quality workplaces for Canadian nurses: The final report of the Canadian Nurses Advisory Committee*. Ottawa: Author.
- Affonso, D., Jeffs, L., Doran, D., & Ferguson-Paré, M. (in press). Patient safety to frame and reconcile nursing issues. *Canadian Journal of Nursing Leadership*.
- Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290, 1617-1623.
- Canadian Institute for Health Information. (2002). *Frequently asked questions – Adverse events project*. Retrieved April 4, 2003 from http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=adevents_faq_e#adverse
- Canadian Nurses Association. (2002). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (1999, November). I see and am silent / I see and speak out: The ethical dilemma of whistleblowing. *Ethics in Practice*.

²⁴ See footnote 13.



- Canadian Nurses Association. (2001). *Position statement: Collecting data to reflect the impact of nursing practice*. Ottawa: Author.
- Canadian Nurses Association. (2001). *Position statement: Quality professional practice environments for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (2003). *Position statement: Staffing decisions for the delivery of safe nursing care*. Ottawa: Author.
- Clarke, S., & Aiken, L. (2003). Failure to rescue. *AJN*, 103(1), 42-47.
- Doran, D. M. (2003). *Nursing sensitive outcomes*. Sudbury, MA: Jones and Bartlett Publishers.
- International Council of Nurses. (2002). *Position statement: Patient safety*. Geneva: Author.
- National Steering Committee on Patient Safety. (2002). *Building a safer system: A national integrated strategy for improving patient safety in Canadian health care*. Ottawa: Author.
- Needleman, J., Buerhaus, P. I., Mattke, S., Stewart, M., & Zelevinsky, K. (2001). Nurse staffing and patient outcomes in hospitals. *New England Journal of Medicine*, 346(22), 1715-1722.
- Sinclair, C. M. (2000). *Report of the Manitoba pediatric cardiac surgery inquest: An inquiry into twelve deaths at the Winnipeg Health Sciences Centre in 1994*. Winnipeg: Provincial Court of Manitoba.

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