

News Release

July 25, 2007

Health Quality Council of Alberta announces findings and recommendations related to its review of infection prevention and control and CSR sterilization issues in East Central Health Region

(Calgary, AB) -- The Health Quality Council of Alberta (HQCA) today released its findings and recommendations related to infection prevention and control (IPC), including Methicillin Resistant *Staphylococcus aureus* (MRSA), and sterilization practices in East Central Health (ECH). The report also includes findings and recommendations from site visits, interviews and a review of relevant documentation of the quality and safety practices related to IPC and sterilization practices at all acute care facilities either operated by, or under contract to, ECH. While both these infection control issues culminated in the Order, they were unrelated and occurred parallel to one another.

Alberta Health and Wellness requested the review as a result of a March 16, 2007 Medical Officer of Health Order that identified issues related to IPC and sterilization practices at St. Joseph's General Hospital (SJGH) in Vegreville. Under section 13 of the *Health Quality Council of Alberta Regulation*, the HQCA is legislated to conduct such inquiries into the safety and quality of patient services in the province.

In releasing the report, Dr. John Cowell, chief executive officer of the Council, said "The findings and recommendations were developed following a thorough process that included a root cause analysis (an investigative tool to perform a comprehensive, system-based review of critical incidents) and interviews that included board members, staff, physicians and administrators from St. Joseph's Hospital, East Central Health Region and Alberta Catholic Health Corporation. The process also included a detailed review of relevant documents and on-site visits. The inquiry was conducted by a highly experienced and qualified investigative team. We believe the HQCA's recommendations will result in a safer health system not only for citizens in East Central Health but for all Albertans."

Key findings from the report include:

1. The root cause of both the Central Sterilization Room (CSR) closure and the lack of containment of MRSA was found in legislation and agreements that governed operations of ECH Region and SJGH. Voluntary (often referred to as faith-based) facilities such as SJGH and the Regional Health Authorities (e.g. ECH) had both been given "final authority" for operation of health facilities within the region by the Master Agreement (1994), which covered Voluntary facilities, and the *Regional Health Authorities Act* (1994), which covered the regional health authorities respectively. Lack of agreement on which entity had working and governing authority led to lack of accountabilities and responsibilities for infection prevention and control, quality improvement, patient safety, and risk management. This ambiguity allowed unsafe practices to continue.

HQCA Recommendation: Alberta Health and Wellness immediately review the Master Agreement and RHA Act and identify ONE entity to have final authority for all matters relating to the operation of the health care facilities in a regional health authority. See full report for other related recommendations.

2. There was a strained working relationship between SJGH and ECH, which failed to ensure that best practices in sterilization and IPC were implemented in SJGH, despite knowledge that practices there did not meet ECH standards. Historically, ECH operated under the understanding that they needed to be "invited in" to SJGH to make any changes to services and SJGH considered directives from ECH "optional".

HQCA Recommendation: Define the relationship between ECH and SJGH in the Service Agreement and ensure that the authority, accountability and responsibility of regional managers and senior management is also clearly defined for quality and safety. (See full report for other related recommendations 2A–2D)

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3. Lack of a widespread patient safety culture and alignment of organizational structure to support patient safety did not allow for identification of key safety issues that required immediate action at the senior administration and board levels in both ECH and SJGH.

HQCA Recommendation: Actively define and create a culture of safety that empowers all staff, managers, administrators, Board members and physicians to improve patient-related care using strategies such as regular safety culture surveys of staff, regular quality/safety rounds, regular (transparent) performance indicator reports, administrative walkabouts, routine addition of patient safety and quality topics to all meeting agendas, and any other patient safety initiatives that would be appropriate. See full report for other related recommendations.

4. Chart audits of patients who may have experienced adverse outcomes as a result of MRSA or use of surgical instruments that were inappropriately cleaned and sterilized in SJGH are in process but are proceeding slowly.

HQCA Recommendation: Chart audits need to be conducted and with a greater sense of urgency. See full report for other related recommendations.

5. Central Sterilization Room reviews in 11 other acute care sites in ECH revealed a spectrum of deviation from the Canadian Standards Association standards in all sites. Deviations ranged from practices that introduce a source of contamination but are readily resolvable (e.g., removal of corrugated cardboard, which may harbour contaminants such as fungus) to more serious practices such as disinfection versus sterilization of foot care instruments. A review of documentation revealed re-use of cautery devices intended for single use only items.

HQCA Recommendation: Ensure practices meet CSA standards. See full report for detailed listing of required action pages 47, 50-58.

The report includes over 100 additional recommendations that impact St. Joseph's Hospital, East Central Health and Alberta Health and Wellness. The recommendations identify broad scope opportunities for improving system quality and safety with a focus on infection prevention and control and sterilization practices throughout the health care system.

"Our goal was not to lay blame on any one individual or organization but to look at system-wide issues and opportunities for improvement. Throughout the course of the HQCA review, we found that some of the recommended practices identified in the review are now being acted upon," says Cowell. "We are confident the organizations involved have learned from the situation and will strengthen existing policies, processes and practices and introduce new ones based on this review."

"We expect the results of this review will help inform the whole health system," adds Cowell. "As an independent organization, the HQCA is committed to quality and safety improvement at the provincial level. We expect that the government, health regions and health professions will review the report and take the appropriate action as relevant within their area of responsibility."

The findings are being presented to Alberta Health and Wellness. The Council conducted its inquiry from the point of view of the patient experience. Its recommendations are aimed at system-wide quality improvement based on the six dimensions of quality identified in the *Alberta Quality Matrix for Health*: Acceptability, accessibility, appropriateness, effectiveness, efficiency and safety.

For a copy of the full report go to www.hqca.ca.

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Backgrounder follows: Summary of HQCA recommendations.

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