

## National patient-safety strategy in the works

Canada must establish a national patient-safety strategy and oversight council if Canadians are to retain their faith in the efficacy of the health care system, the president of the Royal College of Physicians and Surgeons of Canada says. To that end, representatives of 35 government, hospital, physician and other professional bodies have agreed to launch a 1-year exercise to craft a business plan for a national safety council.

In an interview at the end of the college's September annual meeting, President Bernard Langer said a definite consensus "that there is a problem of error and something needed to be done about it" had emerged during plenary sessions and at an invitation-only roundtable on patient safety. The delegates, who included representatives from federal and provincial governments, licensing bodies and professional associations such as the CMA, agreed to establish a steering committee and 5 working groups to hammer out the details of a national strategy over the next 6 months.

Langer said several issues will have to be ironed out. For instance, a national information system that uses the same definitions and the same data will be needed. The steering committee will also have to look at regulatory, monitoring and reporting issues "and a whole host of things that will contribute to improving patient safety and reducing the likelihood of adverse events."

A small steering committee will oversee development of the national strategy, with input from approximately 5 working groups. "The committee will be expected, over the next 6 months or so, to develop a fairly detailed draft proposal, with a business plan, and then distribute it to all the participants and other organizations that we hope will be involved," said Langer. "It's going to be very important to have public participation, and that by the end of a year we have a detailed proposal."

Langer expects both federal and provincial governments will be approached for funding. "In order to make something like this fly, we have to have buy-in at both levels," he said.

Asked if an investment in the order of \$50 million over 5 years will be needed,

as was the case in Australia, Langer said it's far too early to predict costs. "I don't think I can make estimates. It will take some funding to get it started and I'm optimistic we will have no trouble in getting the seed money to put this steering committee and working groups together. But it's such an important issue and it could have such a substantial impact on health care that . . . we're talking millions of dollars, I just don't know how many millions."

Langer also said the college isn't looking to create an oversight body under the umbrella of its own operations. "This is a very large issue that has to do with educational institutions and it has

to do with other professions. Anyone who works in a hospital can contribute to problems that arise in a hospital."

The fact the college is taking a lead in establishing this patient-safety strategy is clearly the product of a new activism, which was also reflected in the annual conference itself. With the college meeting on its own for the first time, rather than simply serving as host for all specialty societies, more emphasis was placed on educational programming and thematic areas such as ethics and patient safety, said Langer. "It's a sign the Royal College feels it has a responsibility in the area of [patient] advocacy." — *Wayne Kondro, Ottawa*

### ON THE NET

#### Give me a CBC and LFT, and put it on my Visa

Imagine if patients could go to their computers, click on a medical-services Web site and order their own blood work or liver function test. They would then report to a clinic to have the necessary work done, and later read the results online. The tests were ordered and carried out with no physician involvement.

Imagine no more, because direct access testing (DAT) is the newest development to hit the online medical-services industry. With \$40 billion being spent on lab tests in the US every year, it's little wonder companies are trying to seek some of this business online.

Last February, Quest Diagnostics, Inc., the world's largest laboratory company, received permission from 4 US states to open storefront clinics. Its Quest Test system ([www.questest.com](http://www.questest.com)) then allowed customers to order their own tests, go to a company clinic to get blood drawn, and then get the results online without ever seeing a doctor. As Ken Freeman, the company's chair and CEO, states, its goal is to "teach you about taking control of your most important asset — your health."

At the site, customers are presented with several options; at the "e-commerce" side, for instance, a secure transaction window appears with a list of tests that can be purchased. Each test is described and a price is displayed. The test can then be added to the patient's "shopping cart," and at the end of the shopping session the bill is paid via credit card. (In October the company was offering \$5 off a liver health panel in support of National Liver Awareness Month.)

Other sites sell home test kits. Craig Medical Diagnostic Tests ([www.craigmedical.com](http://www.craigmedical.com)) sells home-use medical tests; customers can order everything from ovulation prediction kits to home urinalysis tests. The test packages are mailed to the buyer. Home Medical Tests Mall ([www.homemedicaltestsmall.com](http://www.homemedicaltestsmall.com)) offers a similar service.

Canadians can already buy test packages from the last 2 companies, but regulations currently restrict the sale of full DAT services. It may be only a matter of time before that changes. — *Michael O'Reilly, mike@oreilly.net*

