Twenty-site study to assess adverse events in Canadian hospitals

The largest-ever study of adverse events (AEs) in Canadian hospitals will be launched this fall in 5 provinces. Forty researchers and reviewers will tally and examine the incidence of AEs in 20 Canadian acute care hospitals with the aim of finding ways to reduce their occurrence. The researchers will also examine whether the available data and current methods of record-keeping are adequate for monitoring and analyzing adverse events.

"It's important to understand the magnitude of the problem," says study leader Ross Baker of the University of Toronto. "Is it an issue in the Canadian context? What should we focus on?"

The study, which is cosponsored by the Canadian Institute for Health Information (CIHI) and the Canadian Institutes of Health Research, is slated for completion in 2004. Canadians currently get their data on AE incidence by extrapolating from American research. Baker says extensive data are in short supply here mostly due to fears that the information could be used in a lawsuit. Most provinces offer some legal protection for this type of data collection, and Ontario is considering legislation.

The study will involve nurses in British Columbia, Alberta, Ontario, Quebec and Nova Scotia, who will review patient charts for potential AEs. Charts flagged by the nurses will then be examined by physicians who are specially trained to use an assessment tool called the Adverse Events Review Form, developed at Harvard University 15 years ago. The form is designed to determine whether improved care could have prevented the adverse event. Baker says researchers will likely end up with an underestimate of the incidence because charts are often incomplete or ambiguous. "It's not perfect," says Baker, "but it identifies opportunities to improve care and outcomes."

The researchers will also compare the information gleaned from patient charts with cases identified through the hospital reporting system. CIHI will use the information to develop ongoing monitoring systems for hospitals.

The project and its researchers were introduced to 40 medical and other groups during a June 10 meeting in Aylmer, Que. Speakers such as Peter Norton of Calgary and Graham Neale of England described worldwide research into adverse events and the difficult challenge of redesigning systems to prevent them. There was strong support for Canada's decision to approach the research from "the ground up" — consulting with physicians and other groups from the start — rather than using a "top down" government-directed plan.

The study is the first initiative from the National Steering Committee on Patient Safety, which is developing an integrated national strategy for patient safety. The steering committee was formed by the Royal College of Physicians and Surgeons of Canada last September but it operates separately from the college. Five working groups, each with 12 expert members, are studying measurement and evaluation; system issues; regulatory and legal issues; education and professional development; and information and communication. A final report that includes an action and business plan is due in September.

Steering committee chair John Wade, a retired anesthetist, says: "If we don't stop finger pointing, if litigation drives the system, it's hard to determine adverse outcomes, learn from them and correct them." — *Barbara Sibbald*, CMAJ

CONFERENCE REPORT

Weapons in any context bad for people's health, MDs told

In early May, as a million soldiers massed in another tense standoff on the India–Pakistan border, 100 doctors from around the globe assembled in Montreal to examine the role public health can play in preventing war-related injuries.

The 2-day meeting, organized by the Centers for Disease Control and Prevention, International Physicians for the Prevention of Nuclear War and the World Health Organization, preceded the World Conference on Injury Prevention.

The discussions, which covered everything from access to small arms to sexual violence, seemed to come at an opportune time. Not only had violent incidents against civilians escalated dramatically in conflict areas like Sierra Leone and Israel, but death and injury rates due to gunfire were also common in industrialized, high-income countries that are supposedly at peace.

Canapress

Living amidst escalating violence

This means that Canadian physicians can ill afford to ignore the message that weapons in any context are bad for people's health, doctors were told. Wendy Cukier, a professor of justice studies at Toronto's Ryerson University, said Canada ranked fifth in terms of firearm-related deaths among children in a survey involving 26 industrialized countries. Guns are readily available in about 20% of Canadian households, and about 1000 Canadians are killed with firearms every year. Cukier said the number of children under age 15 killed by guns in Alberta each year is as high as the figure for Israel and Northern Ireland combined. "Mortality rates in places that are supposedly at peace are as