Patient Safety

Patient Safety was among the issues raised by many participants during the Conversation on Health. Food quality, hygiene practices and patient care in hospital and hospital administration were topics highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of patient safety.

Food Quality in Hospital

Participants voiced general concern that food in hospital does not assist patients in the healing process. They suggest hospital food is too high in sugar and salt and too low in nutritional value to be of any benefit, emphasizing that patients lack adequate meal choices. Specific opinions cite high servings of meat and potatoes, frozen vegetables and overly-sweet deserts as problematic.

*Hospital meals are inadequate for patients. The food is overcooked, greasy, fried and batter crusted. Nutrition seems to be of low priority. The vegetables are canned. The food is highly processed and no whole grains are present at all.*

– Regional Forum, Vancouver

Most submissions related to hospital food call for greater variety and choice: instead of just coffee, provide green or other mild teas; instead of only processed foods, provide organic fare as well. Others think that more vegetarian choices and culturally sensitive foods on hospital menus are desirable. This would ensure that patients get the nutrients they need to heal fully and avoid another trip to hospital.

Hygiene Practices in Hospital

Conversation on Health participants generally agreed that hygiene in hospitals is poor. Though several state that health professionals perform their work without due care to sanitation, many also feel that housekeeping staff are not well-trained and do not adequately clean the facilities. Some cite a lack of supervision for both health professionals and cleaners as the reason for this situation.
The suggestions to improve hospital hygiene were numerous. They include: providing better training for housekeeping staff; preventing health professionals from wearing their uniforms in public places; increasing the use of disinfectant spray; setting up hand sanitizing stations and; advertising the benefits of hand-washing. One submission also suggests that an independent inspector should be appointed to monitor hygiene standards in health care facilities.

Patient Care in Hospital

Patient safety is also comprised of concerns about staffing, treatment and discharge practices in hospital. Participants feel that there are too few staff available to treat patients, resulting in reduced quality of care. They also believe that there is no accountability for misdiagnosis and that patients are often discharged too soon, which leads to subsequent, ongoing hospital visits and increased pressure on the health care system.

*Patients are being sent home from surgery too early, often resulting in complications or delayed recoveries which add to the medical costs.*

– Email, Maple Ridge

Prescription drug use also receives attention. The majority feel that doctors over-prescribe medication rather than treat their patients. This also contributes to preventable drug interactions and increased hospital admissions.

Participants argue that hospital care should centre more on the patient. Several feel that hospitals should develop a comprehensive discharge team to assist patient transition back into the community or, at the very least, that patients should stay in hospital longer. They also focus on providing advocates to help patients navigate through the health care system and creating an ombudsman as an oversight body on medical treatment. Some participants suggest patients should have more time with health professionals.
Hospital Administration

Several submissions identify the quality of facilities and equipment and the privatization of services as cause for patient concern. Some believe that elevators, ventilation systems and assistive devices, like wheelchairs, are out of date. Others say that increasing infection rates were the result of unsafe procedures and techniques practiced at private clinics. They suggest that, by updating facilities and equipment, and by monitoring hospital policies and procedures, the system may decrease capital costs for infrastructure and improve patient outcomes.

While I was in the operating room, the door fell out of the track and hit a nurse. When replaced, it fell again and broke medications. While I was in the ward for four days, the hot water was not working and I could not be bathed until the fourth day. The ice maker to provide ice for trauma, was out of order for the entire four days.

– Regional Forum, Fort St. John

Conclusion

Patient safety received a lot of attention in the Conversation on Health. Participants think that hospitals, in general, have an opportunity to improve the care that patients receive. They emphasize that food quality and hygiene practices are integral parts of the healing process and note that administrative practices could be revised to provide more timely, cost-effective service. These factors have the potential to improve patient outcomes and prevent a return to hospital. Overall, the message from forums, online dialogue, email and all other submissions regarding patient safety was clear: focus care on the patient and, thereby, reduce cost to the health care system.
Patient Safety

This chapter contains the following topics:

- **Food Quality**
- **Legal Implications**
- **Prescription Drug Use**
- **Hospital Administration**
- **Hygiene Practices in Hospitals**
- **Patient Care in Hospital**

### Related Electronic Written Submissions

- **Electronic Stability Control**
  Submitted by Glen Nicholson
- **Do Not Harm: A Submission to the Conversation on Health**
  Submitted by the AD-AV Society of British Columbia
- **Report to the Conversation on Health**
  Submitted by the BC Cancer Agency
- **Research on Child Health – Final Report**
  Submitted by BC Children's Hospital
- **Submission to the Conversation in Health**
  Submitted by Office of the Advocates for Seniors’ Care - Vernon

### Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including:
- **Public Private Debate; Access**
- **Food Quality and the Environment as Determinants of Health**
- **Training** and **Morale**.
Food Quality in Hospitals

Comments and Concerns

• Since food services were contracted out, hospital food is no longer nutritious.
• There is a lack of vegetarian options in hospital cafeterias.
• Serving white bread, sweet puddings, watery soups, and frozen vegetables in hospitals is not acceptable.
• There is too much sugar, white flour and meat being served in hospitals.
• Hospital food is highly processed and no whole grains are present at all.
• There is no way that an egg cooked in Toronto is safe to eat in BC. The food service is horrible.
• Hospitals should not have a Tim Horton’s.
• Staffing levels are too low and often no one checks to ensure that patients get the food trays that are dropped at their doors.
• Cleaning staff and food servers are the main transmitters of disease.
• Did those people making the decisions eat the food that was delivered to patients each and every meal? No.
• For diabetics, a snack is sometimes necessary when waiting for another patient in the hospital and the cafeteria is not always available.

Ideas and Suggestions

• Provide nourishing food to patients.
• Why can composting not be set up for hospital food and organic gardens set up as close as possible to the hospital to supplement patients' diets?
• Hospitals need to serve green or mild teas with healthy foods, and serve patients less coffee, red meat and potatoes in the first week after surgery.
• Ethnic food that is appropriate for different cultures should be served in hospitals.
• Get rid of the current food service providers and put some decent cooks in charge.
• Adopt the Hazard Analysis Critical Control Point Plan (HACCP) principles to create a food safe program in the food industry.
• Hospital food is currently an impediment to the healing process.
Legal Implications

Comments and Concerns

• There are no regulations in place to enable dentists to treat mercury amalgam fillings as hazardous material.

• There is a sense among health professionals that they cannot undertake treatment for a patient because they would cross some legal line; this creates a culture of fear in hospitals.

• Reviews of medical treatment, conducted by health authorities or the College of Physicians and Surgeons, often have no outside independent reviewers.

• The present legal and institutional infrastructure tends to prevent open examination of the treatment in question and does not encourage quality improvement.

• The Canadian Medical Protective Association has so much financial clout that patients have difficulty addressing treatment errors in court.

• Patients have no help in the health care system if their families are not able to be involved.

• Different medical specialties have different rates for malpractice and liability insurance.

• Information about new medicines or treatments should not be released prematurely as patients often rely of this information, only to find out the treatment was not good or possibly harmful.

• The medically necessity of a service must be determined by impartial medical professionals, not by politicians, lawyers or insurance companies.

• There is nowhere to go to ask questions regarding quality of care, ethics, and medical necessity or to question the advice given by professionals.

• Deaths in hospitals are not properly investigated.

Ideas and Suggestions

• Look at Ontario’s legislation for curbing Elder abuse.

• Develop safeguards to ensure quality of care via accreditation standards and complaints-based investigations.

• An independent body should investigate complaints about physicians.
• Multidisciplinary care teams should have a written delineation of responsibility and accountability that is in accordance with legislated scopes of practice. Legislated scopes of practice need to correspond to levels of training in order to ensure patient safety.

• Create a registry for health care workers convicted of abuse who are working with individuals in long-term care.

• Look at the Patients Bill of Rights in the Scottish National Health Service, which includes legislated minimum wait-times for certain treatments and guarantees of confidentiality and access to information.

• Every case of death not occurring in a health centre should be sent for autopsy.

**Prescription Drug Use**

**Comments and Concerns**

• Prescription drugs are over-prescribed.

• Medicine has become far too reliant on prescribing pharmaceutical drugs without first trying alternatives.

• Changing prescription amounts can endanger health.

• Managing multiple drug prescriptions is confusing for families. This may lead to health emergencies.

• Fungal infections may occur in the brain, lungs, gut, kidneys, and skin, and are increasingly common since the anti-biotics kill the bacteria which normally inhibit the growth of fungi.

• There is no reference book listing the side effects for anyone taking multiple drugs.

• Many of the admissions to Vancouver General Hospital were assessed as being medication misadventures and the majority of those were completely preventable.

• Some research suggests that one-quarter to one-half of prescriptions filled are not necessary and could potentially harm the patient.

• In care homes, medication errors have become increasingly common and, in addition, the problem of poly-pharmacy is well known, as is the failure to recognize adverse medication effects.

• Many people are not told about all the side-effects of treatment because doctors worry about non-compliance.
• Tested as safe on animals, a number of arthritis drugs were subsequently removed from the market following serious side effects. It is dangerous to assume that something that has tested as safe for any animal is therefore likely to be safe for a human. It may be just as dangerous to assume that promising new drugs may be overlooked because they cause disease in rats.

• Penicillin was almost discarded when research showed it to be highly toxic to guinea pigs, and to cats. Fortunately, Dr. Fleming did not wait for the results of his animal experiments before trying it out on human patients.

• Animal studies failed to reveal heart abnormalities, but clinical usage showed the danger of heart valve defects from combining the approved prescription drugs Fenduramine and Dexfenfluramine, both withdrawn in 1997.

• Over 30,000 people were seriously damaged in Japan after taking the diarrhea medication Clioquinol. Rats and mice had suffered no effects during testing. It is now known that they metabolize the drug differently from humans.

• New drugs can be developed exclusively using human tissues and computer technologies - we can investigate how the drugs affect the actions of human genes or the proteins they make.

• Effective anti-HIV drugs were conceived and developed using in-vitro and in-silico (computer) methods, without reliance on animal models.

• Prescription drugs must be used with a great deal of discretion, especially when dealing with issues concerning mental health.

• Vaccinations are not being tested; they are declared safe before they have tested as being safe.

• When it is claimed that animal research resulted in the prevention of diseases such as polio, measles, whooping cough and diptheria through the development of vaccine, it must also be noted that the same vaccine may have presented drawbacks equally as devastating as the disease it targeted.

• Since 1952, the British Public Health Laboratories have acknowledged that approximately half the cases of polio in Britain have been caused by the animal-based vaccine itself. Similarly in the United States, the pertussis vaccine tested well in rats and mice for over 40 years. But its makers have since paid out more than $12 million in claims for children who died or were brain-damaged by its use.

• A Danish study showed that people who had measles vaccine-induced antibodies in the bloodstream later developed more arthritic and bone problems, skin diseases and cancer than those who had had the measles.
• Drugs are being prescribed for everything when a simple habit adjustment or improved diet could lead to improvement.

**Ideas and Suggestions**

• Take more care in putting new drugs on the market.

• There should be better public education regarding disposal of unused drugs and alternative treatments to prescriptions.

• Doctors need to ask new patient what medications in what doses they are taking.

• Stop vaccinating infants for so many diseases at such a young age. Their immune systems are not developed enough to handle the vaccines and can result in problems in later life.

• Change the current billing system in order that doctors not receive financial compensation for prescribing more drugs.

• Doctors should have check clients existing prescriptions before new ones given.

• Put daily prescriptions in blister packs for Elders.

**Hospital Administration**

**Comments and Concerns**

[Facilities and Equipment](#)

[Public/Private Models](#)

• Comments about Facilities and Equipment:

  • Hospital administration costs far too much. I have seen a $15,000 fish tank installed at a human resources office for the benefit of the staff. There are many other examples of over-spending by hospital administration.

  • St. Paul's needs to spend more money on basic facilities: intravenous poles are rusty, elevators need to be updated, and modern ventilation systems installed.

  • As part of the upgrade to Mills Memorial paediatrics, the thirty-one year old, unsafe paediatric cots should be replaced.

  • Since the Royal Columbian Hospital lacks bed pans, patients are forced to wear adult diapers. This can cause skin breakdown and infection.

  • The wheelchairs available at hospitals are decrepit.
• While I was in the hospital ward for four days, the hot water was not working and I could not be bathed until the fourth day and the ice maker to provide ice for trauma patients was out of order.

• Old and aging infrastructure is creating undue operating expenses and some of these investments are not conducive to safe practices.

• Brick and mortar structures filled with antibiotic-resistant strains of bacteria are not appropriate places to warehouse sick and frail seniors.

• **Comments about Public/Private Models:**

  • Private facilities where general anaesthesia is used are not as safe for the patient because of the inevitable lack of an on-call independent cardio-pulmonary resuscitation team, which is the norm in any properly functioning public hospital.

  • When the motive for a company’s operation is profit, patient health may be jeopardized.

  • Do a random audit of the sterilizing techniques of the operating room instruments at the private surgical clinics. Why is there an increase in infection rates? There is no regulating body that checks on these clinics.

  • When private contractors attempt to cut costs we get the sort of situation we have now where hospital food is disgusting and cleanliness is not a priority.

**Ideas and Suggestions**

• The chair used for dialysis is very uncomfortable. There is a need for something solid, but more comfortable.

• Create facilities that contain various levels of care so seniors can stay in their retirement home; rooms should not be set up like hospital wards (have single occupancy or at most double rooms- like children’s wards).

• Particularly in the north, parking-lot and walkway areas around the hospital should be routinely heated with sub-surface electrical conduits during snow-falls since many of the people using these walkways are already infirm.

• The health care system should give patients equivalent protection to that of individuals on the job who are covered under workers compensation provisions. This would include:

  • Required reporting of errors;

  • Error investigations;
Dissemination of information to prevent or reduce common errors; and,
Compensation and rehabilitation for those killed or injured in hospitals.

- Establish a group of influential business people to address patient safety and quality issues in Canada like the Leapfrog Group does in the United States.
- Reward hospitals based on their performance and their achievements in continuous improvements in service and care.
- Link patients to non-profit groups who can help them navigate the medical system when they are suffering through a post-accident process; create medical advocates and an ombudsman for patients.
- People should have free access to medical information such as their blood type.
- Curtail visiting hours and the number of visitors allowed per patient.
- Proper neonatal security would be provided with the reintroduction of a nursery at Mills Memorial.

**Hygiene Practices in Hospitals**

**Comments and Concerns**

- **Health Professionals**
- **Housekeeping Services**

- Comments about the practices of health professionals:
  - There is no hand washing in hospitals, which can cause infectious diseases to spread.
  - Doctors perform their rounds in the same garment.
  - Hospital staff arrive at and leave the hospital in their uniforms. What are they bringing in to patients? What are they taking home on their car seat and finally to their house? What sickness are patients getting from staff this way?
  - Many health professionals visit public places in the hospital while still in full uniform.
  - A lack of adequate supervision causes an unsanitary work environment, which results in poor care and super bugs.
  - Nurses and doctors do not change their gloves when moving between patients or after cleaning up a mess.
• **Comments about housekeeping services:**
  
  - Hospitals are unhealthy places because hygiene is not paramount.
  - Contracting out housekeeping services in hospitals and care facilities was not a good idea.
  - Private housekeepers are poorly trained, resulting in a rise in hospital infections.
  - While I was at the hospital, I heard the nurses talking about the cleaning job performed by the housekeeping department. It seems the staff ignored the mess on the floor in the Colonoscopy ward.
  - I found the hospital quite dirty. The morning after my surgery, a soiled sheet and gown were still lying on the floor beside my bed. There were soiled Kleenex and emesis basins lying under my bed for 4 days.
  - As a recent patient in Victoria General Hospital, I was appalled that my room was only surface cleaned twice and that the bathroom was not cleaned daily.
  - Hospitals are not sterilized and could cause yeast infections.
  - Kitty litter was sprinkled under the beds to lower the smell in the Burnaby Hospital.
  - Residential care homes often are not maintained properly in cleanliness or repairs and often have rodents.

**Ideas and Suggestions**

**Health Professionals**  
**Housekeeping Services**

• **Ideas about the practices of health professionals:**
  
  - Teach all the appropriate staff proper cleaning techniques.
  - Set up hand sanitizing stations for people to use as they enter and leave the hospitals. Install dispensers on the walls near entrances, and put up signs asking people to disinfect their hands.
  - Health care providers should not wear their uniforms in public and must put them on in the hospital, in a clean area.
  - Surgeons should have to change clothes or put on coveralls or a lab coats over if they leave the operating area.
  - Safety needles are a great idea.
• There should be more in-home care for minor illnesses.
• Mobile nursing units would cut down on the spread of illness.
• Gloves should be changed.

**Ideas about housekeeping services:**

• Reinstate properly trained housekeeping staff in hospitals and care facilities.
• If there is to be more emphasis put on keeping conditions sanitary in hospitals, simple tools need to be available, like hand towels, which are missing in hospitals such as Penticton.
• The use of a disinfectant spray in common areas of hospitals could reduce the spread of antibiotic-resistant bacteria.
• Develop regulations for cleaning staff and monitor their daily cleaning practices.
• Standards need to be uniform. Independent inspectors should be hired to see that cleanliness is enforced. Soap and water is very effective. Cleaning in hospitals is currently contracted out, as are laundry services.
• Increase safety standards and carry out regular cleanliness inspections.
• Establish acceptable and measurable standards for cleanliness, and infection control.

**Patient Care in Hospital**

**Comments and Concerns**

**Staffing**

**Diagnosis and Treatment**

**Discharge Practices**

**Infection Control**

• Comments about staffing:

• Staff shortages are a risk to patient safety, cause patient care to suffer and lead to decreased productivity.
• Multiple doctors per patient is not a good thing.
• Good nursing is not being practiced because no one is in charge to organise the floors as a whole, which encourages lazy nurses, some of whom lack appropriate knowledge and supervision.
• There is no head nurse, so there is no updating between nurses on shifts and monitoring is quite haphazard.

• There were a number of occasions where my wife needed a nurse and none walked by for extended periods of time.

• Nurses do not respond to the buzzer when a patient calls for help.

• Interpreters often put their own twist on information. There are language barriers in the Williams Lake area.

• He waited three days in the Delta Hospital emergency room for a bed and surgeon to be available to treat him.

• There were not enough nurses on the floor to maintain proper care and the ones who were there were run off their feet.

• Don’t tell me you’re "training" when new staff are learning new procedures.

• There is a hospital that is 37 kilometres away from where I am and I don’t use it because the doctors that come in there are just students doing their practicums.

• The malnutrition of patients in acute care settings increases health problems. For example, a patient waits four days for surgery that keeps getting cancelled and, meanwhile, continues to deteriorate.

• Making patients wait can result in low-level problems developing into more critical situations which then leads to more pressure on emergency rooms. This can then increase waiting times for those still on the list.

• **Comments about diagnosis and treatment:**

  • Diagnostic doctors seem competent; unfortunately, there is no accountability when they are not.

  • A health survey showed misdiagnosis or late diagnosis are at epidemic levels.

  • It seems likely that episodic care, especially where doctor and patient have never met before, may cause more misdiagnoses and medication errors, resulting in unnecessary hospitalizations and increased health system costs.

  • Screening for diseases fails at times. There also are sometimes errors in recording test results.

  • Poor medical assessments lead to missed diagnoses.

  • Osteoporosis fractures are often left undiagnosed.

  • During an emergency visit, the doctor provided an inadequate examination.
• The day surgery staff were not responsive to my needs as a diabetic; I had to push myself out of hospital in a wheelchair.

• Doctors are not forthcoming when explaining the whole problem to patients, even when asked.

• Those patients who do not receive continuity of care are at greater risk of worse health outcomes.

• Discrimination by doctors towards Elders is a concern. Often they don’t get the proper care, and treatments are not explained properly.

**Comments about discharge practices:**

• Hospitals coerce patients into allowing themselves to be discharged.

• People are being discharged too soon and are not given proper care instructions.

• When I had my kids, I was in the hospital for five days; now, new mothers are sometimes in for seven or eight hours, and then released with a new baby and no support.

• My sister was discharged from hospital without proper clothes and my family was not contacted.

• Patients are being sent home from surgery too early, often resulting in complications or delayed recoveries, which adds to the medical costs.

• Paying bonus money to emergency departments for processing patients in less than 10 hours will lead to dangerous errors and premature discharges.

• If patients are air-ambulanced to the lower mainland, treated, and released, they have to find some way to travel home, no matter what condition they are in. I was released from Vancouver General with very high blood pressure, no money and no way home.

• Doctors who work off-reserve should work and communicate with Community Health Representatives on-reserve.

**Comments about infection control:**

• I picked up a staphylococcus infection in the Dawson Creek hospital; the staff seemed not to be surprised. There have to be better controls around the patients that actually have these contagious infections.

• I have had four friends who have had surgery in the past 18 months and they have all acquired infections in their surgical sites following their surgeries.
Given the post-operative infection rate in Canadian hospitals and my susceptibility to infection, I am considering skipping the surgery and taking my chances and living with this health issue.

Many visitors bring infections into hospitals.

**Ideas and Suggestions**

**Discharge Practices**

**Diagnosis and Treatment**

- **Ideas about discharge practices:**
  - In-patients who have complex needs or few supports when discharged should stay in hospital a little longer to ensure that they do not need to return to the hospital.
  - Perform a fundamental review of our discharge process and links to community resources.
  - Initiate a discharge planning team for each area comprising one nurse, a physiotherapist, and an occupational therapist who will collaborate with the physician.
  - Improve continuity of care to prevent people leaving the hospital from having access to follow-up treatment. This would include transition from hospital to home, to chronic care facilities or to assisted living.

- **Ideas about diagnosis and treatment:**
  - Doctors need more time to get a patient’s medical background.
  - Physiotherapy staff should monitor patients who are connected to machines and not leave them unattended.
  - Create patient satisfaction forms. Remember that the patient is a person, not a case.
  - Trainees should not be administering IVs to patients.
  - Once a surgery is decided upon, the health professionals must establish that it is the last possible route to health and healing. The least intrusive method must always be the first step.
  - Patients who suffer from a fracture should be checked thoroughly for osteoporosis.
• Disclose primary conditions and treat them before they develop into secondary conditions such as cancer or organ failure.

• Keep people mobile when in hospital; provide more Physiotherapists and Licensed Practical Nurses.

• Have more locally based Nurse Practitioners working with doctors.

• Due to the high risk of cancer, eliminate the use of radiation as an image tool. This includes x-rays.

• Replace patients’ dental mercury amalgams, which are unsafe, at public expense.

• Remove children and pregnant women to a separate and safe location while they are waiting to be seen in the hospital.

• Put personal health information, including personal health plans, on Care Cards. In case of emergencies, the ambulance crew could call ahead with the information rather than having to wait for tests after arrival in emergency.

**Outstanding Questions**

• Do doctors know what services or programs are available to refer their patients to?