

0910 MANITOBA INSTITUTE
FOR PATIENT SAFETY
ANNUAL REPORT



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MISSION

To promote patient safety and quality healthcare for Manitobans

VISION

To be a leader in achieving safe, quality
healthcare for all Manitobans

PRINCIPLES and VALUES

The Institute is committed to:
Passion and commitment to patient safety
Innovation and excellence
Learning and continuous improvement
Equity in terms of respect for all patients and providers

The Institute will be based on:
Independence, objectivity and integrity
Consultation and collaboration
Openness and accountability

OBJECTIVES

To stimulate initiatives to enhance patient
safety in the Manitoba healthcare system

To identify and monitor emerging issues related
to patient safety and quality healthcare

To promote best practices related to patient
safety and quality healthcare

To raise awareness of patient safety and quality healthcare issues.



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The Manitoba Institute for Patient Safety is a registered charity. Individuals and organizations that would like to donate to the Manitoba Institute for Patient Safety may call 204-927-6477 for information and forms.

This annual report was released on June 10, 2010. A summarized version of this annual report is available. For copies of both documents, go to www.mbips.ca or contact Manitoba Institute for Patient Safety at 204-927-6477.

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MESSAGE FROM THE BOARD CHAIR

I am pleased to present the Annual Report of the Manitoba Institute for Patient Safety for the fiscal year 2009– 2010. The release of an annual report naturally brings a time of reflection for an organization – a time to review and evaluate past projects while planning for the future with new, exciting initiatives.

Since being established in 2004, there is no question that the work of the Institute and its impact on promoting patient safety has continued to grow with each passing year. Our working relationships continue to strengthen and expand. Never has the Institute managed more projects than over the course of the past two fiscal years.

I would also like to take this opportunity to recognize the Institute board and staff as well as the many healthcare organizations and sponsors involved in this year's projects. These included a public forum on patient safety in long term care, and an educational and awareness poster series that brings greater awareness to the importance of disclosure of critical incidents. Both were major projects that were very well received in our community.

I would also like to thank outgoing board members, Ms Carol Green and Ms Sue Neilson, for their dedication to the Institute. With change comes the opportunity for further renewal, fresh ideas and new approaches. We were therefore pleased to welcome returning Director Ronald Guse and new Director Kathy McPhail to the board at last year's Annual General Meeting. Director Wendy Peppel was reappointed by the Minister in June 2009 and Ministerial appointment Connie Gretsinger also joined us in January 2010.

Together, our goal will be to keep the spirit of cooperation, partnership and new achievements continually growing in all our endeavours as we further the objectives of the Manitoba Institute for Patient Safety.

Reg Toews
Chair, Board of Directors





MESSAGE FROM THE EXECUTIVE DIRECTOR

This year, in order to further the Institute's objectives we brought forth a number of exciting patient safety initiatives and events. We began projects in areas such as simulation, critical incident disclosures and the creation of animated videos that provide patient safety information and tips. We are proud to be able to report upon these achievements and more in this annual documentation of the Institute's progress:

Each year we also endeavour to collaborate with as many individuals and groups as possible. This year has been no exception. People working in our healthcare system and those using the system have been very supportive of our projects and the Institute's objectives. Many of the achievements listed in this year's annual report would not have been possible without the level of enthusiasm and commitment that healthcare professionals and organizations have shown in every corner of this province. Thank you to all those who have worked alongside us to contribute to positive change in our healthcare system.

Thank you to the Institute's Board Chair, Reg Toews, and the Board of Directors for their expertise, wise counsel, and enthusiastic involvement in our new initiatives and the ongoing work of the Institute.

With a full-time staff of three handling so many projects, the ability to successfully multi-task is somewhat of an understatement. In order to meet our commitments, our staff has delivered incredible commitment each and every day on the job. We also have amazing support from individuals working with us in various ways, including our financial system, IT, website, Safer Healthcare Now!, research, writing, communications, project coordination, photography, design, and printing. Your contribution is much appreciated! Thank you to everyone.

It is an honour to serve as Executive Director and I look forward to continuing to work alongside Manitobans as we continue to identify key areas where we can make a positive contribution to patient safety in Manitoba.

Sincerely,

Laurie A. Thompson
Executive Director

Manitoba Institute for Patient Safety:

The Manitoba Institute for Patient Safety is an independent, non-profit organization created in 2004 in response to the recommendations of the Manitoba Patient Safety Steering Committee. Incorporated under *The Corporations Act*, the Institute is a registered charity. Core funding comes from a provincial government grant to cover operational costs. The Institute also partners with other organizations on projects of mutual interest and benefit. The Institute is under the direction of a board of 12 directors. Five are appointed by the Minister of Health. Seven are elected by the members of the Institute.

2009-2010 Board of Directors

- Mr. Reg Toews**, Chair
- Mr. Ronald Guse*, Vice-Chair & Chair, Finance Committee
- Dr. Brent Kvern*, Chair, Research Committee
- Ms. Sue Neilson*, RN, Chair, Audit Committee
- Mrs. Kim Poppel**, Chair, MIPS Patient Advisory Committee
- Ms. Wendy Peppel**, Chair, Membership Committee
- Mr. Rene Comte**
- Ms. Louise Evaschesen*
- Ms. Carol Green*
- Ms. Connie Gretsinger** (from January, 2010)
- Ms. Kathy McPhail*
- Dr. Luis Oppenheimer*



Front Row L-R Wendy, Kim, Kathy, Connie
 2nd Row L-R Louise, Rene, Carol
 Back Row L-R Ronald, Reg
 Far Right Sue, Luis, Brent

*Elected **Ministerial Appointment

Staff Members

- Ms. Laurie A. Thompson, Executive Director
- Ms. Dawn White, Consultant
- Ms. Vi Pelc, Administrative Assistant (from January, 2010)



Top: Laurie, Dawn, Vi



New Critical Incident Disclosure Resources Launched To Enhance Patient Safety across Province

A critical incident (CI), sometimes referred to as an adverse event, occurs when something unexpected happens during the course of patient care that has a serious effect on the patient and is not due to the patient's illness or the usual risks in treating the disease.

Some examples of critical incidents are being operated on the wrong side or site, or receiving the wrong medicine or the wrong dose of medicine that results in organ damage such as kidney damage.

Disclosure is the process in which healthcare providers discuss the facts about a critical incident with the patient and their family/advocate.

According to the Baker and Norton 2004 Canadian Adverse Event Study:

- 7.5% (or 187,500) patients in Canadian hospitals were seriously harmed by their care; of which 37% are preventable;
- As many as 9,000 to 24,000 people died in a Canadian hospital as a result of medical errors; and,
- 1 in 10 patients receives the wrong medication or wrong dose and almost one-quarter are related to medication or fluid administration.

A study of patients discharged from a Canadian hospital found that about a quarter of them experienced an adverse event, and of these, over 70% were medication related. (*Forster 2004*)

Manitoba is one of only three provinces in Canada which has mandated the reporting and investigation of critical incidents in legislation. The law in Manitoba requires the facts and outcomes of critical incidents and actions taken following their identification be shared with patients or their families. The goal of investigating critical incidents is to help the healthcare system learn from them and find ways to prevent them from happening again.

Patients who have experienced a critical incident should receive open, honest and simple-to-understand communication about the facts that happened during the critical incident. A copy of the disclosure record should be provided free-of-charge.

Included in the information should be:

- A review of the how and why of the event;
- Recommendations for changes that can help prevent the same harm from happening again, thus improving patient safety; and,
- The process to improve the health system, not assign blame.



Patients, families and healthcare providers who have experienced a critical incident are most often under tremendous emotional stress. Emotions may often run high and exceptional communications skills are required by staff disclosing or reacting to a potential or established critical incident. Misunderstandings can result.

Front-line staff conducting meetings with patients and families who experienced a critical incident wanted a pamphlet that patients and families could take away with preliminary information that would be helpful to them. The Quality and Risk Management Network (QRMN) of the Regional Health Authorities of Manitoba (RHAM) asked the Institute to collaborate in the development of such a pamphlet.

New patient, family and staff education and support resources were developed by the Manitoba Institute for Patient Safety, in partnership with Regional Health Authorities of Manitoba, Winnipeg Regional Health Authority and Manitoba Health and Healthy Living. These resources, including four posters and a pamphlet, explain the patient's right to be informed if s/he is involved in a critical incident and the role of the healthcare system in sharing information.

The Manitoba Institute for Patient Safety and its partners developed these resources:

- To educate both the public and healthcare providers about critical incidents and disclosure;
- To provide families who have experienced a critical incident with reliable information on the process and what they can expect. The pamphlet is intended to be given to patients and families as part of an initial disclosure meeting;
- To offer these patients and their families support as they access further healthcare services;
- To standardize the messages around critical incidents and disclosure; and,
- To encourage and support front-line healthcare providers to use these resources to guide how they share information and support their patients.

The Institute also reviewed the content for health literacy and focus tested the materials with patients and the public. QRMN focus tested the pamphlet with its members. Feedback from all groups was incorporated.

Manitoba Health and Healthy Living and all eleven regional health authorities represented by the Regional Health Authorities of Manitoba (RHAM) support patient disclosure and the Institute's new education and resource materials.

For healthcare providers, the guidelines and resource materials provide a consistent message about sharing information across the province as well as what should be done to disclose information and help patients and their families when harm occurs.



The resources were launched on November 4, 2009 by the Manitoba Institute for Patient Safety in partnership with Manitoba Health and Healthy Living, Regional Health Authorities of Manitoba and the Canadian Patient Safety Institute during Canadian Patient Safety Week. Richard Helston, a Manitoban whose family had suffered a critical incident spoke at the launch about the importance of disclosures.

At the launch, the Manitoba Health Minister, Theresa Oswald, confirmed the province's endorsement and implementation of the Canadian Patient Safety Institute's Canadian Disclosure Guidelines.

"Though our primary focus is preventing critical incidents from happening," said the Minister, "we want to ensure that if an incident does occur, clear and open communication with patients and families follows, as it is key to fostering an environment of openness, trust and transparency in our healthcare system."



Major Accomplishments 2009-2010

The Board of the Manitoba Institute for Patient Safety continues to address the following four strategic priorities:

1. To find additional ways to communicate about patient safety matters with patients, families and citizens to enable them to interact with the healthcare system in a more informed, confident and effective manner;
2. To promote and facilitate the adoption of patient safety knowledge and procedures at all levels of the system, both by initiating activities and responding to requests for support;
3. To increase the awareness, understanding and commitment to patient safety at the leadership level throughout health organizations; and,
4. To increase our interaction with Manitoba Health in terms of policy development and program initiatives related to patient safety.

The Institute is pleased to present highlights of the work we have conducted in these areas and other patient safety matters for the fiscal year ending March 31, 2010.





Strategic Priority # 1:

Initiatives promoting improved interaction for patients, families and citizens

Approximately 100 people joined us at a “Living In Care” Patient Safety Forum to share thoughts and ideas on balancing risk and safety in long term care. The forum was held in an accessible location on the second floor of Deer Lodge Centre in Winnipeg. It was simultaneously webcast to healthcare locations throughout the province allowing people at satellite sites to join with the participants at Deer Lodge in making comments and asking questions. The attendees were healthcare providers, elderly persons (including residents of Deer Lodge Centre), family members of elderly persons, media representatives and other interested members of the public. The session was videotaped for future educational presentations and is accessible through the Institute website at www.mbips.ca.

The “Living In Care” forum is the second in a series by the Institute called “We Listen! We Learn, We Evolve.” The event was co-sponsored by the Winnipeg Regional Health Authority (WRHA). The purpose of the series is to give Manitobans a greater voice on a subject that the Institute feels is of interest and importance to the public regarding patient safety in Manitoba’s healthcare system.

Balancing safety and freedom for older people needing help is a significant challenge in all care settings. Policies and rules aimed to promote safety may collide with lifestyle preferences of older people in minute and intrusive ways. Sometimes the elderly care recipient is at the center of a complicated struggle, drawing in family members, professionals, and provider organizations. Often the struggles about what to do are internal, as elderly care recipients themselves and other concerned stakeholders try to reconcile desirable but conflicting goals.

The Honourable Jim Rondeau, Minister of Healthy Living, brought greetings from the Province of Manitoba. Réal Cloutier, Winnipeg Regional Health Authority, Vice President of Long Term Care and Chief Operating Officer of Deer Lodge Centre, provided a short overview of the evolution on long term care in Manitoba. The featured speaker was Dr. Rosalie Kane, professor of public health at the University of Minnesota and faculty member of the Center for Biomedical Ethics, School of Social Work and the Center on Aging. Dr. Kane argued that too often both safety and quality of life are unnecessarily compromised in long term care settings. She discussed how to divide responsibility for decision making and outcome between the person receiving services and the care providers.

Members of the public asked questions about medication safety, falls, ageism, organizational culture, Personal Care Home ratings, and the consequences of a shift toward greater autonomy. A synopsis report is available at www.mbips.ca.





The Manitoba Institute for Patient Safety - Patient Advisory Committee (M-PAC) continued to focus on providing a stronger voice for Manitobans at the Institute on initiatives shaping patient safety. They supported the development of Phase 3 of the *It's Safe to Ask* initiative. This phase is focused on the development of a **Patient Safety Tool Kit** along with a Leader's Guide. The Tool Kit is intended to:

- Provide a common framework that promotes clear consistent messages (including health literacy) in educating Manitoba healthcare providers, patients & the public on patient safety issues;
- Provide a comprehensive resource on a variety of educational topics to teach the public about its role/responsibilities in patient safety;
- Inform patients/families and advocates on how to practice open communications that can improve patient safety and better levels of care;
- Provide a complementary resource for training/orienting healthcare providers and community organizations on how to promote and support the information in the toolkit; and,
- Better facilitate the integration of patient and family-centered care into daily practices and enhanced communications in Manitoba's healthcare system.

The Patient Safety Tool Kit is intended to increase the public's access to education and learning about patient safety and, in turn, increase public participation in patient safety. This tool will provide "how to" instructions on patient safety topics for the public along with a guide for patient safety leaders and others interested in promoting patient safety throughout Manitoba.



The Institute continued to partner with two regional health authorities to work on the *Patient Advocacy in the Community (PAC)* Project in Carman and Selkirk, Manitoba. Both communities formed advisory groups consisting of local community members and regional health authority staff. Regular meetings were held and the groups developed action plans and terms of reference.

The goals of the PAC advisory groups are to:

- Provide a patient safety voice to the public;
- Collaborate on patient safety activities/events in the community/region;
- Act as a catalyst in educating the public;
- Work through existing social networks in the community (e.g. senior resource councils, health care organizations, women's groups, church groups); and,
- Improve health literacy in the community.

These PAC advisory groups participated in various activities and events in their communities ranging from:

- Displays at health fairs, a golf tournament and a Christmas festival;



- Presentations to community groups;
- Pharmacy clinic days;
- Canadian Patient Safety Week 2009 activities at the local hospital, grocery store, active living centre and personal care homes; and,
- A series of newspaper articles.



The Institute continues to receive inquiries from the public on various patient safety related issues. The number of inquiries has **almost doubled** this year. This may be attributed to an increase in public profile for the Institute as a result of the public launching of education materials in areas such as Critical Incident and Disclosures.

The Institute endeavours to assist and direct people to the appropriate organizations and resources as required. These people are primarily interested in providing suggestions to improve quality of care or they want to know who to contact to discuss concerns with quality of care and patient safety.



Strategic Priority # 2:

Initiatives that promote and facilitate the adoption of patient safety knowledge and procedures

The Institute continues to support *Safer Healthcare Now! (SHN)*, a network of support for clinicians to improve patient safety across the continuum. The Institute contributes funding for the operation of the Western Node of SHN and plays an active role in identifying educational opportunities for participating organizations.

There are 331 SHN teams in Western Canada and over 1100 in Canada. There are 79 SHN teams in Manitoba enrolled in all *Safer Healthcare Now* interventions. Over 54% of teams are enrolled in medication reconciliation, an important intervention to prevent adverse drug events and a required organizational practice of Accreditation Canada. The Institute's *It's Safe to Ask* Medication Card complements the requirements of the medication reconciliation process.

In September 2009, a Workshop on Medication Reconciliation was held in Winnipeg. Approximately 100 people attended from across Manitoba. The event was led by Tanis Rollefstad, Safety Improvement Advisory for SHN in the Western Node, and included guest speakers from the Institute



for Safe Medication Practices Canada, Ontario health facilities, Nova Scotia SHN teams, Accreditation Canada, Central and Assiniboine Regional Health Authorities, and St. Boniface General Hospital. During the year, Institute's SHN coordinator, Peggy Malone, identified learning and support needs for Manitoba teams. This information will be used to plan educational events for 2010.

Links to more information on *Safer Healthcare Now!* are on the Institute website at www.mbips.ca.



"*The Power of One*" was the theme of the 2009 **National Infection Control Week**, October 19 to 23, 2009. Manitoba's Infection Control Week is led by the Community and Hospital Infection Control Association (CHICA) Manitoba Chapter with the support of the Manitoba Institute for Patient Safety. The goal was to raise awareness of the importance of everyone doing his or her part to stop the spread of infections.

Two thousand five hundred tent cards and posters were distributed across Manitoba to remind the public and healthcare providers to:

- Clean your hands
- Cover your cough
- Consider others and stay home if you are sick

CHICA Manitoba and the Institute posted campaign materials and a toolkit of activities on their websites. The kit contained fun activities suitable for youths and adults and is a creative way to remind people around you that you don't want to share their germs.

A media event was held at École Robert Browning at which elementary students participated in learning about ways to stop the spread of infections.



In May 2008, the Institute launched "*Patient Safety is in YOUR Hand*" with the Manitoba Pharmaceutical Association and the Winnipeg Regional Health Authority. The initiative is endorsed by the College of Registered Nurses of Manitoba, the College of Registered Psychiatric Nurses of Manitoba and the Institute for Safe Medication Practices Canada. Sponsors include the Regional Health Authorities of Manitoba and the Healthcare Insurance Reciprocal of Canada (HIROC).

Patient Safety is in YOUR Hand promotes clear communication of medication prescriptions and the elimination of ambiguous medical notations in all documentation by those working in Manitoba's medication use system.



A number of tools remain available on the Institute website www.mbips.ca:

- A “Do Not Use” list;
- Links to articles and information;
- Evaluation tips and sample audit tools;
- Eight reminder posters;
- Implementation tips; and,
- Questions and answers.

Throughout 2008 and 2009, Prescription Information Services of Manitoba worked with regional health authorities, CancerCare Manitoba and Selkirk Mental Health Centre to provide orientation sessions for their staff, management and physicians. The incorporation of the tools and the implementation of policies regarding medication order writing is a long term strategy for organizations.

Organizations, including all regional health authorities, were surveyed on the level of usage and satisfaction with the various tools on the website. The majority of respondents indicated the “Do Not Use” list and the reminder posters were useful. The Institute is developing an on-line self-study resource where healthcare providers can learn about the initiative and concepts related to improving communication for medication safety.

The introduction of a list of dangerous abbreviations, symbols and dose designations that are not to be used in organizations is a required organizational practice of Accreditation Canada.



In September 2009, the Institute sponsored **What Difference Can You Make?**, a workshop on effective communication & patient safety, hosted by Concordia Hospital together with the Concordia Foundation and the WRHA Patient Safety Team. Representatives from the Concordia Hospital, the Concordia Hospital Patient Safety QI/Safety Committee of the Board, the WRHA and the Canadian Nurses Protective Society (CNPS) spoke. Seventy-five direct care nurses, home care workers, clinical educators, administration support staff, social workers, Aboriginal health program workers, physiotherapists and patient safety consultants and advisors from across Manitoba attended.



The Institute collaborated with Central Regional Health Authority to once again support the provincial webcasting of **The Canadian Healthcare Safety Symposium** in October, 2010. This brought one of the most important national patient safety conferences in the world to 20 sites across Manitoba. The theme in 2009 was “Human Performance and Healthcare Safety”. How workers perceive, think, and perform



can make the difference between death and life, suffering and successful treatment, or illness and wellness. Laurie Thompson, executive director of the Institute, was on the symposium planning committee and made a presentation at the pre-symposium workshop entitled “Add Patients And Stir: It’s Safe To Ask And Other Canadian Examples”.

Key areas explored at the symposium included:

- Individual variability, error proneness, personality, performance;
- Simulation – a critical review;
- The pros and cons of new technology applied to information transfer and communication;
- Communicating in teams and working groups;
- Individual, team, administrative and system competence: What is it, how do we measure it?; and,
- How can the published story influence human performance and improve healthcare safety?



Laurie Thompson, executive director, was asked to participate by the Canadian Patient Safety Institute Committee on the **Canadian Adverse Events Reporting and Learning System Advisory Group**. This is a three-year commitment with a mandate that includes strategic leadership and guidance to the CEO and CPSI Board of Directors on the design and development of a Pan-Canadian system that would be used to facilitate recognition and analysis of emerging issues. It would potentially be a mechanism to send alerts to providers across all the provinces and territories. The advisory process follows a Pan-Canadian consultation in 2008/2009.



In 2005/2006, the Board of the Manitoba Institute for Patient Safety prioritized patient simulation as a tool to improve patient safety and approved funds to be allocated over multiple years to be directed to a project on simulation. In December 2009, the **Simulation Project** was launched. Funding was received from the Canadian Institute for Patient Safety in the amount of \$10,000 to support this project.

“Patient simulation is a key learning tool to provide healthcare providers and inter-professional teams with training on real life healthcare situations in simulated environments. It replicates real world situations without risk to actual patients, and can be used to teach procedures, medical concepts and decision-making skills. Patient simulation promotes teamwork, increased competence in patient care, and promotes patient safety”.¹

¹ Patient Safety Matters, Canadian Patient Safety Institute. March, 2009 4(2).



The goal of the Simulation project is to develop patient safety simulation cases focused on the communication needed to lessen adverse events and critical incidents. Inter-professional collaboration and patient-centered care are priority concepts. The cases are intended to be used for a wide range of purposes, such as healthcare education and staff development. The project development process will take into consideration current work underway in Canada and internationally, such as the Canadian Patient Safety Institute Safety (CPSI) Competencies, and the National Interprofessional Competency Framework.

A Simulation Working Group was established consisting of key stakeholders from education, research, simulation and practice. Their mandate is to provide leadership and guidance to MIPS and contract staff on the design and development of the simulation project.



The Institute's executive director is a member of the **Network for Interprofessional Continuing Professional Development**. The Network was spearheaded by the Manitoba Pharmaceutical Association. The purpose of the Network is to serve as a centre of excellence for interprofessional continuing professional development (CPD) for the regulated health professions in Manitoba.



The Institute sponsored the University of Manitoba Rural and Northern Continuing Medical Education **Conference for Rural and Northern Physicians** in February 2010. This annual conference brings together physicians from across Manitoba to learn about emerging practice and safety issues.



The Institute's **Dr. John Wade Research Award** for 2009 was awarded to the Winnipeg Regional Health Authority for the project *A Review of Home Care Clients Visiting Emergency Departments*. Principal investigators are Lori Mitchell, M. Nawal Lutfiyya and Michael Routledge. The purpose of the project was to provide the WRHA Home Care Program with a unique insight into home care clients' use of acute healthcare services. The project determined the feasibility of using and linking electronic home care and acute care data sources with WRHA to examine the Home Care/Emergency Departments interface. The project also developed a profile of Emergency Department visits and characteristics of those WRHA home care clients who present to a hospital emergency department in Winnipeg.

This is the second year that Manitoba Blue Cross sponsored the prestigious Dr. John Wade Research Award. The company's \$22,500 sponsorship over three years allowed the Institute to triple the value of



this annual award. The call for applications for the 2010 award was done in mid-February 2010, and will be awarded at the June 2010 annual general meeting.



The Institute issued two **Seed Grants** for \$2,750 each in 2009. These seed grants were meant to support Institute members in initial research involving innovative, interdisciplinary and collaborative work.

Successful 2009 Seed Grant recipients were:

- Janis Wisher and Tamara Coombs for *Playing with Culture*, submitted through the Winnipeg Regional Health Authority Premier membership; and,
- Heather Dean, Carol Enns, Barb Goodwin, Jessica Spence and Nadia Vecherya for *Patient Safety Days: Contextually-Based Learning in Inter-Professionalism and Surgical Checklists*, submitted through the College of Physicians and Surgeons of Manitoba. The project will promote use of the internationally used Safe Surgery Check List promoted by *Safer Healthcare Now!*



Strategic Priority # 3:

Initiatives that increase the awareness, understanding and commitment to patient safety at the leadership level

The Institute coordinated **Canadian Patient Safety Week (CPSW) 2009** in Manitoba, from November 2–6, 2009. The theme was: *Ask. Listen. Talk: Good Healthcare Starts With Good Communication*. Canadian Patient Safety Week encourages healthcare professionals, patients and their families to ask questions, listen to the answers, and discuss concerns.

The goals were to:

- Raise regional and provincial awareness of patient safety issues among healthcare providers and the public;
- Share information about best safety practices;
- Identify patient safety champions and patient safety efforts that are working;
- Increase positive dialogue about patient safety among healthcare providers, the public and the media; and,
- Increase the visibility of CPSW in Manitoba.



During CPSW the Institute launched new patient, family and staff education and support resources, in partnership with Regional Health Authorities of Manitoba and Manitoba Health and Healthy Living.

These resources, including four posters and a pamphlet, explain the patient's right to be informed if s/he is involved in a critical incident and the role of the healthcare system in sharing information.

The Institute also partnered with the Canadian Patient Safety Institute (CPSI) and made various resources available through the Institute and CPSI websites. Resources/tools for providers to use in educating staff and the public included a CPSW Planners' Guide developed by the Institute, medication cards, recyclable shopping bags, hand sanitizers, highlighter pens, fridge magnets and a question and answer informational backgrounder for use by stakeholders to provide consistent information about Canadian Patient Safety Week.

About 90 planned activities were held, and included:

- Public displays at health fairs and in healthcare facilities;
- Distributing the *It's Safe to Ask* Medication Card;
- Showing the ISTA Med Card educational DVDs to providers and the public;
- Facilitating patient safety articles in local community newspapers;
- Organizing interactive sessions with the public and providers on the Institute's patient safety initiatives;
- Organizing entertaining ways to promote patient safety through staff participation in Jeopardy-like game show competitions and patient safety bingo;
- Train-the-trainer sessions on patient safety topics; and,
- Presentations to management committees.

Some regional health authorities submitted photos from the week's events, which are posted on the www.mbips.ca website. The success of CPSW 2009 was evident by the level of participation throughout Manitoba. All eleven regional health authorities participated. The number of healthcare providers officially registered to lead has grown by 600% since last year.



The Manitoba Institute for Patient Safety, Regional Health Authorities of Manitoba (RHAM), the Manitoba Chapter of the Canadian Council of Health Services Executives (CCHSE), the Healthcare Insurance Reciprocal of Canada (HIROC) and Manitoba Health & Health Living continued their work on our leadership initiative, titled *"Taking it From the Top – Governance and Leadership Engagement in Quality and Patient Safety"*. The working group consists of the above named organizations as well as three regional health authority CEOs and three board chairs.



The purpose of the initiative is to improve the capacity of organizations' boards and senior management to oversee safety and quality efforts and to equip them with practical tools and skills to assist in fulfilling their responsibility for the quality performance of their organization.

Based on a survey to regional health authority CEO and board chairs/boards, the working group identified priority actions. The group then partnered with a national governance project by the Canadian Patient Safety Institute and the Canadian Health Services Research Foundation. Manitoba became a pilot province for their new toolkit and education program "*Effective Governance for Quality and Patient Safety*". The pilot took place in March 2010 with the Brandon, Central and South Eastman Regional Health Authorities. The Institute will survey participants to determine the value of this type of program to meet the identified priority learning needs of our stakeholders. Based on this information, the working group will continue planning in 2010 to address the priority action areas.



The Institute's executive director was invited to participate in a Steering Committee for the "**Blueprint for Patient Safety and Quality Education**" project led by the Health Quality Council (Alberta). The purpose of the committee is to oversee the development of an educational content matrix and some supporting resources that can be used to promote a consistent approach to patient safety education. This project flowed from Patient Safety Curriculum: Gaining Consensus, a consultation meeting that Institute staff attended in fall, 2008. The project is expected to continue into 2012.



The Institute/Canadian Patient Safety Institute Patient Safety Studentship for 2009/2010 was awarded to Susan Wellings, a social work student at the University of Manitoba, who worked on a project entitled *Promoting Health Literacy and Patient Safety with Seniors*. The goal of this project was to assist seniors living in the Carman area to self-assess and to develop skills to help improve their health literacy. Mrs. Mary Heard, Director of Health Services Carman Area, Central RHA, supervised the project.



Congratulations to Mr. Gord McNamee, Manager of Biomedical Engineering Services in Brandon Regional Health Authority, who is the recipient of the Institute's 2009 **Leading Us to Excellence Award**. Gord's submission was entitled "*Improving Patient Safety by Biomedical Rounds*" and focused on a proactive approach to seek out areas of concern with nurses, physicians, and other clinical support staff addressing equipment or safety concerns, customer satisfaction issues, and special departmental concerns. This included the development of a policy on rounds and making available in-service education, consultation services and technical expertise.



Strategic Priority #4:

Initiatives promoting provincial policy and program development for patient safety

In June 2009, the Institute presented to The Standing Committee on Human Resources, Manitoba Legislature on **Bill 18, *The Regulated Health Professions Act***. The Institute was particularly pleased to

see that public safety was a priority in the Bill and that the foundation of the legislation is protection of the public interest. This is obviously a fundamental principle in patient safety and one that we expect as a basis for any legislation for professions that deal with caring for the public.

Our comments and recommendations on Bill 18 were in the context of supporting safety and transparency for the public, fairness for providers, and authority for regulators. The Institute commented that the legislation must go beyond articulating what regulatory bodies can and can't do with regard to regulating their members. It must speak to transparency of processes, accountability for actions, and the principles of a just culture. These ingredients will not only serve regulated health profession members, but will also provide a basis for a better informed and engaged public and help to demystify processes used in member regulation.

The Institute highlighted a number of areas in Bill 18 that were consistent with these principles, as well as offered suggestions to strengthen the bill in some areas. This included concerns that Pharmacy is not included in the modern and uniform legislation proposed in Bill 18. For a copy of the Institute's submission, go to www.mbips.ca, About Us.



In September 2009, the Institute submitted **recommendations to the Expert Advisory Committee of Health Canada on the naming, packaging and labelling of drugs**. These included:

- Health Canada work with the World Health Organization member states and industry to implement a universal drug naming convention. This would include development of standardized suffixes and packaging. This is particularly important considering the globalization of the workforce;
- Health Canada require that new drugs undergo mandatory rigorous pre-market, pre-approval, independent and objective assessment of drug name, packaging and labelling. It was suggested that the Institute for Safe Medication Practices (Canada) would be an appropriate organization to oversee this assessment program;



- After following the assessment process noted above, drug manufacturers should be mandated to implement all recommendations prior to submitting their drug for approval to Health Canada;
- Implementation of a federal regulation of the electronic prescribing industry to ensure that systems meet acceptable standards and employ best practice guidelines for patient safety in this electronic environment; and,
- Health Canada partner with the provincial governments, the provincial regulatory authorities for health professionals and patient safety agencies to:
 - Introduce legislation for the reporting of medication errors across health professions and sites of care;
 - Enable an independent body, such as ISMP Canada or the future Canadian Adverse Event and Learning System to analyze trends, raise awareness of learning opportunities, issue alerts, and identify where changes are required to drug naming, labelling and packaging to reduce the risk of error; and,
 - When errors are identified related to the naming, labelling and packaging of drugs, there should be a recall system in effect that would require pharmaceutical manufacturers to make changes to their drug product in a timely manner to prevent re-occurrence of the error.



The Institute continued to meet with the **Health Senior Executive Committee** (Manitoba Health senior leadership and regional health authority CEOs) to discuss ongoing work of mutual interest.



Board and staff of the Manitoba Institute for Patient Safety were involved in numerous public events, telehealth/teleconference meetings and conferences in 2009-2010.

The **Institute's exhibit** was set up and staffed to showcase patient safety information and materials at **18 events**, including:

- Manitoba Pharmacy Conference, Winnipeg
- The Long Term Care Association of Manitoba Conference, Winnipeg
- College of Licensed Practical Nurses of Manitoba, Winnipeg
- Spring Research Symposium, Centre for Aging, University of Manitoba
- Healthy Aging, Brandon
- College of Registered Nurses of Manitoba, AGM and Education Day
- Community and Hospital Infection Control Association (CHICA) Conference, Winnipeg
- Bug Day 2009, Health Sciences Centre



- Concordia Hospital Conference
- North Eastman RHA Annual General Meeting, Whitemouth, Manitoba
- Interlake RHA Annual General Meeting, Stonewall, Manitoba
- Assiniboine RHA, Annual General Meeting, Killarney, Manitoba
- CPSW, St. Boniface Hospital
- South Eastman RHA Annual General Meeting, La Broquerie, Manitoba
- Interlake RHA Annual General Meeting, Selkirk, Manitoba
- Burntwood RHA, Annual General Meeting, Thompson, Manitoba
- Forum provincial pour les intervenants et les professionnels de la santé et des services sociaux, Manitoba
- Partners Seeking Solutions Conference, Winnipeg

The Institute promoted patient safety information in **publications and venues**, including:

- Manitoba Clinic digital ads
- Winnipeg Transit Shelters, Transit Buses (side and back)
- Manitoba Billboards
- Health Magazine
- Grassroots News
- The Tribute
- Go 55 Plus magazine

The Institute **sponsored** the following:

- Concordia Hospital Conference
- Infection Control Week in Manitoba with the Manitoba Chapter of the Community and Hospital Infection Control Association (CHICA)
- Speaker for the Fall Education Session, Long Term Care Association
- Provincial Health Leadership Forum
- *Safer Healthcare Now!* National Learning Session and Manitoba workshop
- Canadian Patient Safety Week
- Continuing Medical Education Workshop, Brandon, Manitoba
- Teddy Bear Picnic, Children's Hospital Research Foundation
- Canadian Healthcare Safety Symposium

We made more than a dozen presentations, including those to:

- Provincial Seniors Resource Coordinators Conference, Portage La Prairie, Manitoba
- Halifax 9 - The Canadian Healthcare Safety Symposium, , Montreal, Quebec
- Quality and Risk Management Network of Regional Health Authorities of Manitoba (RHAM)
- Communications Leaders Network, RHAM and Manitoba Health and Healthy Living
- National Native Alcohol and Drug Abuse Program, Health Canada
- Trinity United Church, Winnipeg



- College of Registered Nurses of Manitoba, Winnipeg
- Red River Community College, Winnipeg
- Burntwood Regional Health Authority, Thompson
- Numerous organizations about *Patient Safety is in YOUR Hand*.

We **attended and participated** in consultations and conferences including the following:

- Patient Safety Curriculum Framework consultation meeting, Calgary
- Halifax 9: the Canadian Healthcare Safety Symposium, Montreal
- Pan Canadian Roundtable on Patient Safety, Ottawa
- Meetings with the Western Provincial Organizations for Quality and Patient Safety
- Canadian Patient Safety Institute Patient Safety Forum, Toronto
- Consultations on Root Cause Analysis Models and Frameworks, Vancouver



Our website continues to be a much-used tool for Manitobans to access patient safety information and resources. It has been a valuable tool for the Institute to connect with people and organizations provincially, nationally, and internationally to share information about the work underway at the Institute. The site also serves as a valuable resource that links visitors to information, tools and material worldwide. As the content of the site grows, we will continue to make ongoing improvements to it. This fiscal year www.mbips.ca had approximately 56,000 visitors and our *It's Safe to Ask* website received an additional 41,000 visitors approximately. In total, the websites attracted close to one million hits.



On June 18, 2009, the Manitoba Institute for Patient Safety held its fifth **Annual General Meeting** at the Delta Winnipeg and released its annual report for fiscal year 2008-09. Approximately 90 people attended. At the meeting, Ms Kathy McPhail and Mr. Ronald Guse were elected to the board. The Institute invited all previous research and award recipients. Many had poster presentations at the meeting. This year's meeting will be held on June 10, 2010 at the Delta Winnipeg, at which time the Institute will release the annual report for fiscal year 2009-10 you are now reading.



Future Directions

Future Directions on increasing interaction on policy development and patient safety

The Institute will continue to identify opportunities to consult on proposed legislation that influences patient safety.



Future Directions on increasing the awareness, understanding and commitment to patient safety at the leadership level throughout health organizations

The Institute will again work with organizations to promote Canadian Patient Safety Week 2010. The week is set for November 1-5, 2010.

The Institute will continue to explore opportunities to promote the safety competencies for patient safety published by the Canadian Institute for Patient Safety including faculty development.

The Institute will continue to work with the leadership working group to identify methods to address the priority actions with all regional health authorities and CancerCare Manitoba.

Future Directions on assisting patients, families and citizens to interact with the healthcare system in a more informed, confident and effective manner

The Institute will complete and promote the Patient Safety Tool Kit.

Additional tools for healthcare providers will be launched. They involve key process elements in disclosure following critical incidents.

The Institute will produce a series of short animated videos on patient safety that identify key concepts and tips for the public to become more aware and involved in patient safety, particularly in regards to their own healthcare.

Future Directions on promoting and facilitating the adoption of patient safety knowledge and procedures at all levels of the system

The Institute and the Western Node of *Safer Healthcare Now!* will explore educational opportunities to support Manitoba's enrolled teams.

The Institute will continue to oversee the development of the patient simulation project and the Simulation Working Group will begin to work with health profession educational programs to discuss incorporation of the case simulations into undergraduate educational opportunities.





Manitoba Institute for Patient Safety Partners

The Manitoba Institute for Patient Safety continues to work with member organizations and other partners in working toward our objectives. In addition to our member organizations, Institute partners included First Nations and Inuit Health Branch, Prescription Information Services of Manitoba (PrISM), Canadian College of Health Service Executives, Carman Patient Advocacy in the Community Group, Selkirk Patient Advocacy in the Community Group, University of Manitoba Faculty of Medicine Continuing Medical Education, Canadian Patient Safety Institute, Health Quality Council of Alberta, Health Quality Council of Saskatchewan, British Columbia Patient Safety and Quality Council, Healthcare Insurance Reciprocal of Canada (HIROC), Manitoba Blue Cross, Canadian Community and Hospital Infection Control Association, the Manitoba Seniors and Healthy Aging Secretariat, and Victoria Lifeline. We look forward to continuing to work with these partners and new ones in the year ahead.





Members

The board of directors encourages organizations wishing to work with the Institute to apply for membership. Membership applications are available at www.mbips.ca/membership.

Members of the Manitoba Institute for Patient Safety as of March 31, 2010

The Arthritis Society of Manitoba
CancerCare Manitoba
College of Licensed Practical Nurses of Manitoba
College of Medical Laboratory Technologists of Manitoba
College of Physicians and Surgeons of Manitoba *
College of Registered Nurses of Manitoba *
College of Registered Psychiatric Nurses of Manitoba
Concordia Hospital
Diagnostic Services of Manitoba
Faculty of Medicine, University of Manitoba
Faculty of Nursing, University of Manitoba
Faculty of Pharmacy, University of Manitoba
Grace General Hospital
Long Term Care Association of Manitoba
Manitoba Centre for Health Policy
Manitoba Chiropractors' Association
Manitoba College of Family Physicians
Manitoba Dental Association
Manitoba Health *
Manitoba Pharmaceutical Association *
Manitoba Association for Medical Laboratory Science
Manitoba Speech and Hearing Association
Northern Medical Unit, University of Manitoba
Nursing Department, Red River College
Paramedic Association of Manitoba
Regional Health Authorities of Manitoba *
School of Medical Rehabilitation, Faculty of Medicine, University of Manitoba
Seven Oaks General Hospital
St. Boniface General Hospital *
Victoria General Hospital
Winnipeg Regional Health Authority *

* denotes *Premier Member*



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FOR PATIENT SAFETY
ANNUAL REPORT



Scarrow & Donald LLP

SCARROW & DONALD LLP
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April 21, 2010

AUDITORS' REPORT

To the Board of Directors of the
Manitoba Institute for Patient Safety Inc.:

We have audited the statement of financial position of Manitoba Institute for Patient Safety Inc. as at March 31, 2010 and the statements of operations, net assets and cash flow for the year then ended. These financial statements are the responsibility of the Institute's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, the financial position of the Institute as at March 31, 2010 and the results of its operations and cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

Scarrow & Donald LLP

Chartered Accountants
Winnipeg, Canada

For this communication, together with the work done to prepare this communication and for the opinions we have formed, if any, we accept and assume responsibility only to the addressee of this communication, as specified in our letter of engagement.

Scarrow & Donald LLP, a Canadian owned Limited Liability Partnership established under the laws of Manitoba, is a member firm of PKF International Limited, a company incorporated in England.

PKF

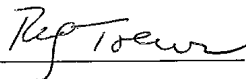


MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF FINANCIAL POSITION

	March 31	
	<u>2010</u>	<u>2009</u>
ASSETS		
Current assets:		
Cash	\$ 143,447	\$ 211,527
Accounts receivable	19,679	7,851
Prepaid expenses	<u>1,259</u>	<u>1,793</u>
	164,385	221,171
Equipment:		
Equipment, at cost	52,661	46,400
Less: accumulated amortization	<u>(47,438)</u>	<u>(36,023)</u>
	5,223	10,377
	<u>\$ 169,608</u>	<u>\$ 231,548</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable	\$ 73,251	\$ 44,327
Net assets	<u>96,357</u>	<u>187,221</u>
	<u>\$ 169,608</u>	<u>\$ 231,548</u>

APPROVED BY THE BOARD:

 Director

 Director



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF OPERATIONS

	<u>Year ended March 31</u>	
	<u>2010</u>	<u>2009</u>
Revenues:		
Province of Manitoba	\$ 614,500	\$ 605,400
Conference	-	10,000
Partnership project	12,500	78,048
Canadian Patient Safety Institute	13,140	5,887
Memberships	6,150	6,150
Grants and other income	507	2,914
Interest	<u>3,086</u>	<u>3,240</u>
	649,883	711,639
Expenses:		
Salaries	248,924	244,325
Office operating	98,298	93,837
Board and Governance	54,437	64,897
Mandate operating	327,673	290,494
Amortization	<u>11,415</u>	<u>9,723</u>
	<u>740,747</u>	<u>703,276</u>
Difference between revenues and expenses	\$ <u>(90,864)</u>	\$ <u>8,363</u>

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MANITOBA INSTITUTE
FOR PATIENT SAFETY
ANNUAL REPORT



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF NET ASSETS

YEAR ENDED MARCH 31, 2010

	<u>Internally restricted</u>	<u>Net assets invested in equipment</u>	<u>Unrestricted net assets</u>	<u>2010 Total</u>	<u>2009 Total</u>
Opening balance	\$ 176,844	\$ 10,377	\$ -	\$ 187,221	\$ 178,858
Internal restriction	(85,710)	6,261	79,449	-	
Difference between revenues and expenses	-	(11,415)	(79,449)	(90,864)	8,363
Closing balance	<u>\$ 91,134</u>	<u>\$ 5,223</u>	<u>\$ -</u>	<u>\$ 96,357</u>	<u>\$ 187,221</u>



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF CASH FLOW

	<u>Year ended March 31</u>	
	<u>2010</u>	<u>2009</u>
Cash flow from operating activities:		
Cash from Province of Manitoba	\$ 614,500	\$ 655,400
Cash from Canadian Patient Safety Institute	8,000	10,887
Cash from other sources	10,415	48,596
Cash paid to suppliers and employees	<u>(694,734)</u>	<u>(697,480)</u>
	(61,819)	17,403
Cash flow from investing activities:		
Purchase of capital assets	<u>\$ (6,261)</u>	<u>-</u>
	(6,261)	-
Change in cash	(68,080)	17,403
Cash, beginning of year	<u>211,527</u>	<u>194,124</u>
Cash, end of year	<u>\$ 143,447</u>	<u>\$ 211,527</u>



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2010

1. Purpose of the organization:

Manitoba Institute for Patient Safety Inc. is a provincial organization operating programs supporting safe, quality health care. Manitoba Institute for Patient Safety Inc. is incorporated under the Manitoba Corporations Act and is a not-for-profit organization under the Income Tax Act.

2. Significant accounting policies:

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles. An assumption underlying the preparations of financial statements in accordance with Canadian generally accepted accounting principles is that the entity will continue for the foreseeable future and will be able to realize its assets and discharge liabilities in the normal course of operations.

The financial statements include the following significant accounting policies:

a) Accounting estimates-

Accounting estimates are included in financial statements to approximate the effect of past business transactions or events, or to approximate the present status of an asset or liability. Examples include the allowance for doubtful accounts, loss provisions and the estimated useful life of an asset. It is possible that changes in future conditions could require changes in the recognized amounts for accounting estimates. Any changes in these estimates will be reflected in the period in which the changes become known.

b) Revenue recognition-

Manitoba Institute for Patient Safety Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Interest is recognized on a time proportion basis.

c) Equipment-

Equipment purchased is recorded at cost. Amortization is provided on a straight-line basis over the equipment's estimated useful life which for is between 3 and 5 years. This requires estimation of the useful life of the asset and its salvage and residual value. Long-lived assets are tested for recoverability if events or changes in circumstances indicate that the carrying amount may not be recoverable. The carrying amount of a long-lived asset is not recoverable if the carrying amount exceeds the sum of the undiscounted cash flows expected to result from its use and eventual disposition. Impairment losses are measured as the amount by which the carrying amount of a long-lived asset exceeds its fair value. As is true for all accounting estimates, it is possible that changes in future conditions could require changes in the recognized amounts for accounting estimates.



NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2010

2. Significant accounting policies (cont'd):

d) Financial instruments-

All financial instruments are required to be measured at fair value on initial recognition, except for certain related party transactions. Measurement in subsequent periods depends on whether the financial instrument has been classified as held-for-trading, available-for-sale, held-to-maturity, loans and receivables, or other liabilities. Transactions to purchase or sell financial assets are recorded on the settlement date. The Institute has applied CICA Handbook Section 3861 - Financial Instruments-Disclosure and Presentation in place of Section 3862 - Financial Instruments-Disclosures and Section 3863 - Financial Instruments-Presentation.

Financial assets and financial liabilities classified as held-for-trading are subsequently measured at fair value with gains and losses recognized in the difference between revenues and expenses. Financial assets classified as held-to-maturity, loans and receivables, and other liabilities are subsequently measured at their amortized cost, using the effective interest method. Available-for-sale financial assets are subsequently measured at fair value with unrealized gains and losses recognized in other comprehensive income until the financial asset is derecognized. Investments in equity instruments are classified as available-for-sale if they do not have a quoted market price in an active market and are measured at cost.

Net gains and losses arising from changes in fair value of loans and receivables, held-to-maturity investments, and other liabilities are recognized in the difference between revenues and expenses upon derecognition or impairment. The Institute does not reclassify a financial instrument into or out of the held-for-trading category while it is held or issued, except in rare circumstances.

Derivative instruments are recorded at fair value including those derivatives that are embedded in a financial instrument or other contract but are not closely related to the host financial instrument or contract, respectively. Changes in the fair values of derivative instruments are recognized in the difference between revenues and expenses, except for derivatives that are designated as cash flow hedges, in which case the fair value change for the effective portion of such hedging relationships are recognized in other comprehensive income. The Association presently does not have any derivative financial instruments.

The Institute has designated its financial instruments as follows:

<u>Financial instrument</u>	<u>Classification</u>	<u>Measurement</u>
Cash	Held-for-trading	Fair Value
Accounts receivable	Loans and receivables	Amortized Cost
Accounts payable	Other liability	Amortized Cost

Transaction costs are expensed as incurred for financial instruments classified or designated as held for trading. For other financial instruments, transaction costs are added to the related financial asset or liability on initial recognition and are measured at amortized cost using the effective interest method. Transaction costs are incremental costs that are directly attributable to the acquisition, issue or disposal of a financial asset or financial liability.

The Institute assesses impairment of all its financial assets, except those classified as held for trading. Management considers whether there has been a breach in contract, such as a default or delinquency in interest or principal payments in determining whether objective evidence of impairment exists. Impairment is measured as the difference between the asset's carrying value and its fair value. Impairment is included in current earnings.



**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2010**

3. Internally restricted net assets:

The Board has internally restricted net assets as follows:

	<u>2009</u>	<u>Changes</u>	<u>2010</u>
Patient Simulation	\$ 80,000	\$ (11,300)	\$ 68,700
Abbreviation Project	16,000	(13,000)	3,000
Partnership / It's Safe to Ask	18,700	(18,700)	-
Patient Safety Conference - 2010	12,267	(12,267)	-
Toolkit & Advocacy Project	22,500	(22,500)	-
Seed Award	6,000	(6,000)	-
Safer Healthcare Now	18,000	(13,000)	5,000
Long Term IT Requirements	1,500	300	1,800
Video Production	-	10,200	10,200
Mandate Operating	<u>1,877</u>	<u>557</u>	<u>2,434</u>
	<u>\$ 176,844</u>	<u>\$ (85,710)</u>	<u>\$ 91,134</u>

The internal restrictions reflect the Board's decision to identify funds over a three year period for projects that cross fiscal years. These projects support Patient Simulation in Manitoba and other initiatives and projects which are currently underway or in development.

4. Capital management:

The Institute's objectives when managing capital, which consists of net assets, are to safeguard its ability to continue as a going concern, so that it can continue to provide services to members and benefits for other stakeholders, and to price products and services commensurately with the level of risk and market forces and the Institute's objectives.

The Institute sets the amount of net assets in proportion to risk and its ability to obtain funding. The Institute manages its assets and makes adjustments in the light of changes in economic conditions and the risk characteristics of the underlying assets. To maintain or adjust the structure, the Institute may seek additional sources of funding, sell assets to reduce debt or undertake other activities at its discretion.

The Institute monitors net assets through direct personal involvement with employees and outside parties and from time-to-time using a variety of measures, depending on the circumstances. Monitoring procedures are typically performed as a part of the overall management of the Institute's operations. Management is aware of risks related to these objectives through direct personal involvement with employees and outside parties. During the year, the Institute's strategy, which was unchanged from the prior year, was to maintain its ability, as needed, to operate and to secure access to financing at a reasonable cost, recognizing that the requirements and terms of lenders and funders cannot be predicted and change in ways the Institute cannot predict.



**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2010**

5. Risk Management and fair values:

Management's risk management policies are typically performed as a part of the overall management of the Institute's operations. Management is aware of risks related to these objectives through direct personal involvement with employees and outside parties. In the normal course of its business, the Institute is exposed to a number of risks that can affect its operating performance. Management's close involvement in operations helps identify risks and variations from expectations. The Institute has not designated transactions as hedging transactions to manage risk. As a part of the overall operation of the Institute, management considers the avoidance of undue concentrations of risk. These risks include, and the actions taken to manage them are as follows:

Interest Rate Risk-

Interest rate risk is the risk that changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as interest rate cash flow risk, or on the fair value of other financial assets or liabilities, known as interest rate price risk.

Credit risk-

Credit risk arises from the possibility that debtors may be unable to fulfill their commitments. For a financial asset, this is typically the gross carrying amount, net of any amounts offset and any impairment losses. The Institute has credit policies to address credit risk on accounts receivable, which may include the analysis of the financial position of the debtor and review of credit limits. The Institute also may review credit history before establishing credit and reviews credit performance. An allowance for doubtful accounts or other impairment provisions are established based upon factors surrounding credit risk, historical trends and other information.

Fair values-

The fair values of the Institute's current financial assets and liabilities, approximate their recorded values as at year-end due to their short-term nature. Fair value is an estimate of the amount at which items might be exchanged in an arm's length transaction between knowledgeable willing parties who are under no compulsion to act. Fair value should not be interpreted as an amount that could be realized in immediate settlement of the instruments. The estimate of fair value at year-end may not represent fair values at any other date. The determination of fair value is also affected by the use of judgement and by uncertainty.

6. Lease commitments:

The Institute is obligated under various operating leases. The future minimum lease payments for each of the next five years is approximately as follows:

2011	\$	39,840
2012		39,840
2013		39,840
2014		37,585
2015		18,081