



MANITOBA INSTITUTE FOR PATIENT SAFETY

ANNUAL REPORT 10/11



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 act 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



Table of Contents

Message from the Board Chair	3
Message from the Executive Director	4
Manitoba Institute for Patient Safety: Who We Are	5
Significant Highlights of the Fiscal Year Ending March 31, 2011	6
Major Accomplishments 2010-2011	7
Initiatives promoting improved interaction for patients, families and citizens	8
Initiatives that promote and facilitate the adoption of patient safety knowledge and procedures	12
Initiatives that increase the awareness, understanding and commitment to patient safety at the leadership level	16
Initiatives promoting provincial policy and program development for patient safety	19
Future Directions	22
Members	23
Partners	24
Financial Statements	25

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 16, 2011. For copies of this document, go to www.mbips.ca or contact the Manitoba Institute for Patient Safety at 204-927-6477.



(blank page)



Message From The Board Chair

This annual report completes my third term as board chair of the Manitoba Institute for Patient Safety.

With great appreciation for their service on the board, we said goodbye to Carol Green, Dr. Brent Kvern, Sue Neilson, and Wendy Peppel, and welcomed Dr. Terry Babick, Helga Bryant, Adam Chrobak, and Teresa Mrozek.

This year we continued to refine our strategic priorities and launched several exciting new initiatives.

After extensive consultations across the healthcare sector, we conducted a strategic planning process during 2010/2011 fiscal year and will be releasing the 2011–2014 strategic plan at the AGM June 16, 2011.

We are very proud of the unanimously positive response we have received from a wide cross section of healthcare professionals and from Manitobans in every corner of our province for our newly-launched *Learn to be safe* series of patient safety videos. The videos encourage and welcome Manitobans to learn more about patient safety matters that might affect their healthcare.

Another ongoing MIPS' initiative that is very appreciated by providers and the public is the *We Listen, We Learn* series of public forums. The events engage providers and the public in dialogue about topics of importance to patient safety. This year our board committed to do some of our forums in various parts of rural Manitoba in the coming years. As a rural Manitoban, I am delighted that the Manitoba Institute for Patient Safety will be able to provide the opportunity for more Manitobans to voice their concerns and opinions on important patient safety topics closer to home.

It is in this spirit of creating broader, open communication, cooperation, partnership and new achievements that I submit the Manitoba Institute for Patient Safety's annual report for the fiscal year ending March 31, 2011.

A handwritten signature in cursive script, reading "Reg Toews".

Reg Toews
Chair, Board of Directors

Message From The Executive Director



With each new year come new initiatives and new opportunities to connect with the public and healthcare providers in many different ways.

Much of our work this year has been centred around building participation for established initiatives such as *It's Safe To Ask, Safer Healthcare Now!*, *Canadian Patient Safety Week* in Manitoba, the *We Listen, We Learn* public forum series, and patient safety leadership endeavours at many levels of Manitoba's healthcare system.

We have also made a considerable investment in a number of exciting new initiatives, including a simulation project and a series of short animated public awareness videos on patient safety.

The dialogue and public response to our *Learn to be safe* animated videos has been especially rewarding. The response was immediate when the videos were launched on television in November, 2010 to coincide with Canadian Patient Safety Week. One of our goals with the campaign is to encourage people to visit our website as a launching point for providers and the public to learn more about various patient safety topics. We intend to add more information to our website that is helpful and easy to read for Manitobans.

Our multi-year commitment to create a series of learning tools that simulate situations known to endanger the safety of patients is nearing completion. The project has been both enormously complex and rewarding at the same time. We are delighted that we will be able to provide a sneak peek of the Simulation Project at this year's AGM which will coincide with the release of the annual report you are now reading.

The staff also welcomed the opportunity to work with the board and our stakeholders on the board's newly adopted strategic plan for 2011–2014. We look forward to sharing these plans and initiatives while providing growing opportunities for Manitobans wanting to *Learn to be safe* in the province's healthcare system.

A handwritten signature in cursive script that reads "L. Thompson".

Laurie A. Thompson
Executive Director

Manitoba Institute for Patient Safety: Who We Are

The Manitoba Institute for Patient Safety (MIPS) 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*, MIPS is a registered charity. Core funding comes from a provincial government grant to cover operational costs. The Manitoba Institute for Patient Safety partners with other organizations on projects of mutual interest and benefit. MIPS 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 Manitoba Institute for Patient Safety.

2010-2011 Board of Directors

Mr. Reg Toews**, Board Chair⁶

Mr. Ronald Guse*, Board Vice-Chair, Chair¹ Member⁶

Ms. Louise Evaschesen*, Chair² Member⁶

Ms. Connie Gretsinger**, Chair³

Dr. Luis Oppenheimer*, Chair⁴

Mrs. Kim Poppel**, Chair⁵ Member³

Mr. Helga Bryant*, Member^{2,4}

Mr. Adam Chrobak*, Member¹

Ms. Rene Comte**, Member^{1,6}

Ms. Kathy McPhail*, Member^{2,4}

Ms. Teresa Mrozek**, Member³

Dr. Terry Babick (observer- commencing September 2010)

**Elected **Ministerial Appointment*

Committees: 1-Finance, 2-Audit, 3-Membership, 4-Research, 5-MIPS' Patient Advisory, 6-Executive



L-R: Adam, Ron, Rene, Louise, Kim, Teresa, Helga, Connie, Luis



Reg Toews, Kathy McPhail

Staff Members:

Ms. Laurie A. Thompson, Executive Director

Mrs. Dawn White, Consultant

Ms. Marlene Van Helden (Consultant, term)

Ms. Vi Pelc, Administrative Assistant



Significant Highlights of the Fiscal Year Ending March 31, 2011

This year, the Manitoba Institute for Patient Safety has provided hyperlinks to resources and tools identified in this report. Readers can go to <http://www.mbips.ca/wp/annual-reports/>, access the online version of the annual report, and click on links within the report which will take them directly to the web page associated with the topic.



This year the Manitoba Institute for Patient Safety released **The Facts about Critical Incidents and their Disclosure**. The pamphlet is directed to healthcare providers. It is a companion document to the previously released brochure directed to the public, titled *A Guide to a Critical Incident and Disclosure. Information for Patients and Families*. <http://www.mbips.ca/wp/initiatives/critical-incidents/>



The Manitoba Institute for Patient Safety partnered with Literacy Partners of Manitoba on the revision of its pamphlet **Going to the Doctor**. This resource is an excellent plain language tool to inform the public about various aspects of a medical visit to the doctor.



We want to **encourage more patient safety topics in classrooms** and in school-based projects. This year, we began to explore opportunities to integrate MIPS' patient safety resources into the province's public schools.



The Manitoba Institute for Patient Safety and the College of Registered Psychiatric Nurses of Manitoba (CRPNM) co-hosted a **public forum for patient safety in mental health**, with the support of the Winnipeg Regional Health Authority. The forum gave service providers, recipients of services and policy makers an excellent opportunity to learn from and with persons with a lived experience of mental illness and their families. <http://www.mbips.ca/wp/category/event-review/>



We also launched a series of animated videos which encouraged and welcomed Manitobans to learn more about patient safety matters that might affect their own healthcare or that of a loved one. The **Learn to be safe** videos were previewed at our last annual general meeting and publicly launched to significant local and national acclaim at the beginning of November 2010 during Canadian Patient Safety Week. http://www.safetoask.ca/?page_id=265



Major Accomplishments in 2010-2011

On June 10, 2010, the Manitoba Institute for Patient Safety held its sixth Annual General Meeting (AGM) at the Delta Winnipeg and released its annual report for fiscal year 2009-10. More than 70 people attended. At the meeting, Ms. Helga Bryant and Mr. Adam Chrobak were elected to the board. The *Learn to be safe* patient safety videos were unveiled at the AGM, which received a very positive response. Dawn White presented on “Lessons Learned as a Patient Advocate”.

The annual report for the fiscal year ending March 31, 2011 that you are now reading will be released on June 16, 2011 at the Delta Winnipeg.



The Board of the Manitoba Institute for Patient Safety continued 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 Manitoba Institute for Patient Safety 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, 2011.



Strategic Priority # 1:

Initiatives promoting improved interaction for patients, families and citizens

The Manitoba Institute for Patient Safety and the College of Registered Psychiatric Nurses of Manitoba (CRPNM) **co-hosted a public forum for patient safety in mental health**, with the support of the Winnipeg Regional Health Authority.

The central forum speaker was Dr. Ben Thomas, the Director of Mental Health and Learning Disability for the National Patient Safety Agency, Department of Health, England and National Health Service, United Kingdom. Dr. Thomas provided his insights and experiences in creating programs and initiative that have helped make the agency a world leader in patient safety in mental healthcare.

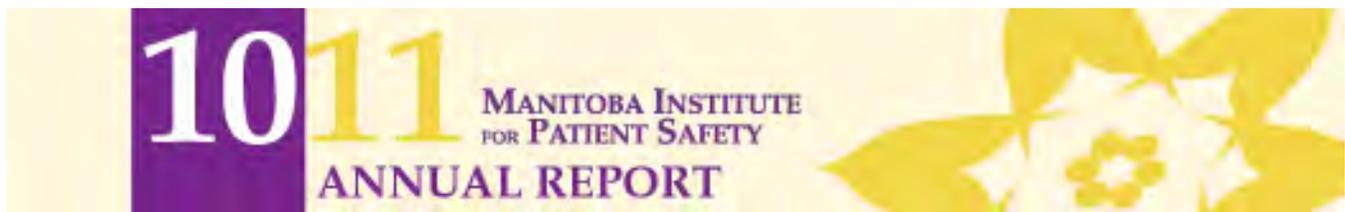
The forum launched three days of learning and professional development by psychiatric nurses who were celebrating the 50th anniversary of the regulation of the psychiatric nursing profession in Manitoba.

We Listen, We Learn, We Evolve: Removing Barriers To Recovery forum was the third forum in a series by the Manitoba Institute for Patient Safety. The first forum in November 2007 focused on the importance of disclosure and apologies to patients and their families when adverse healthcare events take place. Patient safety in long term care was the subject of the second forum. The purpose of the series is to give Manitobans a greater voice on a subject that is of interest and importance to the public regarding patient safety in Manitoba's healthcare system.

<http://www.mbips.ca/wp/category/event-review/>



The **Self-Advocacy For Everyone (SAFE) patient safety toolkit** continued to undergo reviews and development in preparation for release in summer 2011. MIPS' Patient Advisory Committee (M-PAC) supported its development as Phase 3 of the *It's Safe to Ask* initiative. M-PAC and many others provided feedback on this public awareness/education tool. In January, 2011, a group of Seniors Advisory Council representatives attended a focus group meeting to review and enhance the toolkit's Leader's Guide.



The toolkit is intended to:

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



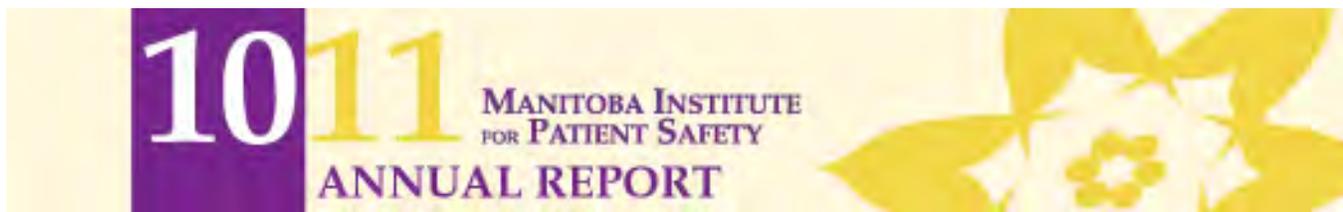
The Manitoba Institute for Patient Safety partnered with Literacy Partners of Manitoba on the revision of its pamphlet **Going to the Doctor**. This resource is an excellent plain language tool to inform the public about various aspects of a medical visit to the doctor.



In June 2010 at the AGM, the Manitoba Institute for Patient Safety launched a series of five **Learn to be safe** animated videos to build greater public awareness of some basic things that people can do to play a greater role in their own healthcare and help improve patient safety in Manitoba. Topics include:

- Video 1 – 30 second TV PSA – Learn to be safe
- Video 2 - Things you can do to improve your safety as a patient
- Video 3 - Advocating with the healthcare system for someone you love
- Video 4 - Communication and the *It's Safe to Ask* three simple questions
- Video 5 – Know and show your medication card

The goals of the animated videos are to encourage Manitobans to be more informed and empowered in their own healthcare and to visit the MIPS' www.safetoask.ca website to learn more on a wide variety of patient safety topics.



MIPS has received very positive feedback from the public and our partners on the videos and the messages they promote. They were also close captioned and play as television public service announcements, at three major medical clinics in Manitoba and at MTS Centre over the hockey season.

http://www.safetoask.ca/?page_id=265



In the fall of 2010, MIPS communicated with the Minister of Education, Nancy Allen, concerning the promotion and **integration of MIPS' patient safety resources into the province's public schools**, as well as colleges and universities. We want to encourage patient safety topics in classrooms and in school-based projects. Since that time:

- A Department of Education, curriculum consultant (Physical and Health Education) supported MIPS by relaying information about MIPS' resources to provincial physical and health education coordinators in school divisions.
- Patient safety sample packages were distributed to educators and program leads directly and at various events.
- MIPS met with the executive director of the Manitoba High Schools Athletic Association, to discuss use of the ISTA medication card by school athletes and coaches. Further discussions will occur in 2011/12.
- News items on the Manitoba Institute for Patient Safety were posted on several websites to reach those who work closely with teens and young adults.
- MIPS' materials were promoted to counsellors and healthcare staff in more than 35 rural and urban teen health clinics and other organizations involved in youth health literacy.



The Manitoba Institute for Patient Safety continued to partner with the Interlake Regional Health Authority to work on the **Patient Advocacy in the Community (PAC)** Project in Selkirk, Manitoba. The Selkirk PAC consists of local community members and regional health authority staff. Regular meetings were held and the group expanded on their original action plan.



The goals of the PAC advisory group 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)
- Improve health literacy in the community

The Selkirk PAC participated in various activities and events in their community ranging from:

- Patient safety presentation at the Gordon Howard Senior Centre
- Development of a patient safety brochure
- Canadian Patient Safety Week 2010 activities in public venues and media articles
- Displays on patient advocacy in the community as part of the mobile wellness display throughout the Interlake region
- Presentations to community groups
- Promotion of *It's Safe to Ask* materials, including the medication card, and patient advocate forms at public displays and presentations



The Manitoba Institute for Patient Safety continues to **assist and direct people to the appropriate organizations and resources** when contacted with inquiries on various patient safety related issues. People inquiring are mainly interested in providing suggestions to improve quality of care or they want to know who to contact to discuss their 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 Manitoba Institute for Patient Safety continues to support **Safer Healthcare Now! (SHN)**, a patient safety initiative aimed at reducing preventable adverse events and deaths in Canadian healthcare. MIPS contributes funding for the operation of the Western operations of SHN and plays an active role in identifying educational opportunities for participating organizations.

There are 348 organizations in Western Canada enrolled as participants and 81 SHN teams in Manitoba. Over 50% of teams are enrolled in medication reconciliation, an important intervention to prevent harm from medication events and a required organizational practice of Accreditation Canada. The *It's Safe to Ask* medication card complements the requirements of the medication reconciliation process.

In March, 2011, a Workshop on *Refuelling your Quality Engine* was held in Winnipeg. Featured speakers addressed the safe surgery checklist, effective communication and safety in the operating room, medication reconciliation, falls prevention, culture, and leadership. Approximately 150 people attended from across Manitoba and Canada.

<http://www.mbips.ca/wp/initiatives/safer-healthcare-now>.



On November 4, 2011, the Manitoba Institute for Patient Safety released **The Facts about Critical Incidents and their Disclosure**. Regional Health Authorities of Manitoba, Winnipeg Regional Health Authority and Manitoba Health supported this project. This pamphlet is intended for healthcare providers across Manitoba to respond to frequently asked questions concerning mandatory reporting of critical incidents and the disclosure process. Disclosure is the process of informing the patient, family or other individuals authorized to receive this information about critical incidents. Disclosure improves transparency and helps build trust with patients, families and healthcare providers. The pamphlet is a companion document to the brochure released in 2009/10, directed to the public, titled *A Guide to a Critical Incident and Disclosure: Information for Patients and Families* as well as a set of four posters that communicate important messages concerning critical incident reporting and response in organizations.

<http://www.mbips.ca/wp/initiatives/critical-incidents/>





In 2010/11, a **web-based educational session** was developed and posted to www.mbips.ca to support continuing professional development in the area of communication, medication safety and medication order writing. It is a required organizational practice of Accreditation Canada that organizations introduce a list of dangerous abbreviations, symbols and dose designations that are not to be used in organizations.

The web session was the latest addition to **Patient Safety is in YOUR Hand**. The Manitoba Institute for Patient Safety launched the initiative in May 2008 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's website:

- A *Do Not Use* list
- Links to articles and information
- Evaluation tips and sample audit tools
- Eight reminder posters
- Implementation tips
- Questions and answers

<http://www.mbips.ca/wp/initiatives/patient-safety-is-in-your-hand/>



The Manitoba Institute for Patient Safety **followed up with organizations who had received resource material for *It's Safe to Ask (ISTA)*** over the years. MIPS wanted to update our contact files, assess use of materials, and restock *It's Safe to Ask* supplies to organizations, if required. In response, more than



15,000 medication cards and 10,000 brochures were distributed to groups this fiscal year. The *It's Safe to Ask* medication card was adapted for electronic use by CancerCare Manitoba and Grand Medical Health Services. Thank you to all of our partner organizations who continue to promote use of the medication card.

This year we approached groups representing vulnerable or at-risk target populations that we believed would benefit from being aware of *It's Safe To Ask* and related resources. This included contact with newcomers' resource groups, injured workers, women's resource centres, crisis and counselling centres, Community Living associations, language training programs, adult education/literacy programs, and those working with seniors and teens/youth.

RHA Home Care Services were surveyed to determine whether service providers were distributing the medication card to clients in their homes. In addition, the RHAs were contacted to request they implement web links to our home page to support greater access to MIPS' resources across Manitoba.



The Manitoba Institute for Patient Safety collaborated with Central Regional Health Authority and the Winnipeg Regional Health Authority to once again support the provincial webcasting of **The Canadian Healthcare Safety Symposium** in October, 2011. This brought one of the most important national patient safety conferences in the world to five sites in Manitoba. Pre-symposia topics included disclosing, informing and investigating to support a culture of safety, and the economics of healthcare safety. The symposium program focused on human performance and healthcare safety, including the influence of the working environment, fatigue, and diagnostic error.



Laurie Thompson, executive director, continued to serve on the Canadian Patient Safety Institute Committee on the **Canadian Adverse Events Reporting and Learning System Advisory Group**. In February, 2011, the "Global Patient Safety Alerts" system was launched by CPSI. It is an online tool for systems, healthcare providers and the public to access information about lessons learned from patient safety incidents that are being drawn from systems across the world, including the Winnipeg Regional Health Authority. Go to www.globalpatientsafetyalerts.ca to access the system.





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, work began on the **Simulation Project**. The Canadian Patient Safety Institute provided \$10,000 over two fiscal years to support this project. 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 with patients, families and in teams.

Simulation replicates real world situations without risk to actual patients. The following tools were completed this fiscal year:

- *Leading Learning Simulations for Patient Safety: Leader's Guide*, to orient leaders to simulation and the simulation resources
- *Patient Safety: A Primer*, outlining core concepts and resources about patient safety
- *Scenario Guides for Leaders* for two case simulations (Maureen's Story: Communicating During Transfers, and Gene's Story: Communicating in a Team).
- *Learner's Workbooks* for each scenario
- *Character briefings*, including props and other materials for use with participants

The tools are intended to be used by educators in the healthcare professions with students and practicing healthcare providers. The materials are based on the safety competencies recommended by the Canadian Patient Safety Institute, interprofessional principles and competencies recommended by the Canadian Interprofessional Health Collaborative, and required organizational practices of Accreditation Canada.



The Manitoba Institute for Patient Safety'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.

http://www.mbips.ca/wp/initiatives/icpd_partners/





The Manitoba Institute for Patient Safety's **Dr. John Wade Research Award** for 2010 was awarded to the Winnipeg Regional Health Authority for the project *Sutures versus Staples for Wound Closure in Orthopedic Surgery: A Randomized Controlled Trial*. Principal investigators were Doctors Jessie Shantz, James Vernon, Greg Stranges and Mike Goytan. The purposes of the project were to:

- Determine the safest skin wound closure materials for use in orthopedic surgery procedures
- Identify procedures in which staple or suture closures result in an increased risk of complication
- Determine if surgical wounds in trauma patients require different closure materials than elective surgical wounds
- Conduct an economic analysis to compare the total cost of care (i.e. patients' length-of-stay and costs associated with all-cause wound complications) of the two treatments from a healthcare facility perspective

This is the third 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 2011 award was done in early February 2011.

<http://www.mbips.ca/wp/awards/>

Strategic Priority # 3:

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

The Manitoba Institute for Patient Safety coordinated **Canadian Patient Safety Week (CPSW) 2010** in Manitoba, from November 1–5, 2010. 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
- Increase the visibility of CPSW in Manitoba



During CPSW, MIPS and Hugh Macleod, CEO of the Canadian Patient Safety Institute (CPSI), participated in a media event hosted by The Honourable Theresa Oswald, Minister of Health.

To launch Canadian Patient Safety Week, the *Learn to be safe* public service videos were publicly released. The 30 second announcement was aired on Manitoba television and cable stations for the first two weeks of November. They continue to be shown when time permits at the individual television and cable stations. During the week, we advertised patient safety messages on the interior and back of buses, and on radio.

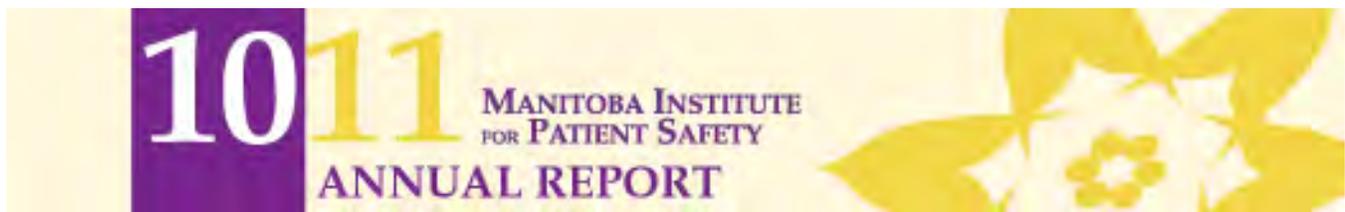
The Manitoba Institute for Patient Safety also partnered with CPSI and made various resources available through our websites. Resources and tools for providers to use in educating staff and the public included a CPSW Planners' Guide, medication cards, recyclable shopping bags, hand sanitizers, highlighter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

All regional health authorities in Manitoba participated. Examples of activities held were:

- "Caught in the Act" where each facility/program in a region awarded staff with a certificate and token prize (pen, bag, hand sanitizer) for doing something positive to promote or improve patient safety
- Patient safety themed word puzzles, scrabble, word find, and a wall story board puzzle were completed by patients and staff
- Patient safety newspapers distributed to patients through home care
- Health and safety fairs hosted for staff and the public
- Information sessions were held where videos on the *It's Safe to Ask* medication card and MIPS' animated patient safety videos were shown
- Placemats on patient trays and in hospital cafeterias to create awareness on patient safety
- Public displays at health fairs and in healthcare facilities
- Distribution of the *It's Safe to Ask* medication card
- Distribution of pocket size laminated *Do Not Use* list to healthcare staff
- Nomination of patient safety champions within the regions
- Patient safety articles featured in local community newspapers
- Hosting sites to view the Canadian Healthcare Safety Symposium
- Patient safety pamphlets developed for distribution to the public and to staff

<http://www.mbips.ca/wp/initiatives/cpsw2010/>





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 continued their work on our leadership initiative titled **Taking it From the Top – Governance and Leadership Engagement in Quality and Patient Safety**. Three regional health authority CEOs and three board chairs are also involved in the working group.

The purposes of the initiative are 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 CEOs, chairs and board members, the working group identified priority actions and then partnered with a national governance project by the Canadian Patient Safety Institute and the Canadian Health Services Research Foundation. Following participation in a pilot by three regional health authorities in Manitoba in 2010, the Manitoba Institute for Patient Safety surveyed participants to determine the value of this type of program to meet the identified priority learning needs of our stakeholders. As responses were positive, six additional RHAs and CancerCare Manitoba participated in the program in March, 2011. All participants received the *Effective Governance for Quality and Patient Safety* toolkit.

http://www.chsrf.ca/Programs/SupportingBoards/Effective_Governance.aspx



The Manitoba Institute for Patient Safety's executive director participates on 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 resources that will 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.

<http://www.hqca.ca/index.php?id=215>



Strategic Priority #4:

Initiatives promoting provincial policy and program development for patient safety

In November 2010, to coincide with Canadian Patient Safety Week, the Minister of Health, Honourable Theresa Oswald asked Hugh MacLeod, CEO of the Canadian Patient Safety Institute, and the executive director of MIPS to **participate in a media conference to release the provincial government report *Patient Safety in Manitoba 2007–2010***. The report provides an analysis of critical incidents in Manitoba over a three year period. A new website for patients, families and healthcare providers will have information about what to do if someone has a patient safety concern.

The gathering and sharing of information about incidents that harm patients allows systems to better target efforts to improve patient safety. In 2011-2012, MIPS will partner with Manitoba Health to co-host a patient safety learning day with organizations mandated to report on critical incidents. At this event, trends in factors associated with critical incidents and related actions for improvement will be addressed.

<http://news.gov.mb.ca/news/index.html?archive=2010-11-01&item=10087>

<http://www.gov.mb.ca/health/patientsafety/report.html>



The Manitoba Institute for Patient Safety continued to submit recommendations for potential policy and/or legislative changes. The board chair and executive director meet with the **Health Senior Executive Committee** (Manitoba Health senior leadership and regional health authority CEOs) to discuss ongoing work of mutual interest.



Reaching out to Communities: Connecting with Providers and Manitobans

Board and staff of the Manitoba Institute for Patient Safety were involved in numerous public events, telehealth/teleconference meetings and conferences in 2010-2011.

Exhibits were set up and staffed to showcase patient safety information and materials at **17 events**, including:

- Manitoba Pharmacy Conference, Winnipeg
- The Long Term and Continuing Care Association of Manitoba Conference, Winnipeg
- College of Licensed Practical Nurses of Manitoba, Winnipeg
- Patient Safety in Mental Health Conference, Winnipeg
- College of Registered Nurses of Manitoba, AGM and Education Day, Morden
- Community and Hospital Infection Control Association (CHICA) Conference, Winnipeg
- Bug Day 2010, Winnipeg
- Manitoba Farm Women's Conference, Portage la Prairie
- 3 RHA AGMs, Manitoba
- Manitoba Healthy Schools Conference, Winnipeg
- Adult Secondary Education Council's (ASEC) Conference, Winnipeg

The Manitoba Institute for Patient Safety promoted patient safety information in **publications and venues**, including:

- Television networks
- Manitoba Clinic digital ads
- Winnipeg Transit shelters, Transit buses (side and back)
- Radio
- Manitoba billboards

The Manitoba Institute for Patient Safety **sponsored** a number of events including:

- Provincial Health Leadership Forum
- Webcast of the Canadian Healthcare Safety Symposium
- *Safer Healthcare Now!* Manitoba workshop
- Canadian Patient Safety Week 2010
- Brochures in partnership with Literacy Partners of Manitoba
- Root Cause Analysis Workshop



We made **presentations** and submitted **articles** to:

- Westman Stroke Support Group, Manitoba
- Sioux Valley Dakota Nation, Manitoba
- First Nation and Inuit Health, Health Canada
- Fort Richmond Y- Neighbours' Group, Winnipeg
- Red River Community College, Winnipeg
- Healthcare Insurance Reciprocal of Canada newsletter
- Seniors Scope Magazine
- Hearts of Country magazine

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

- Halifax 10: the Canadian Healthcare Safety Symposium, Halifax
- 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
- Western CEO meeting, Vancouver
- Canadian Association of Provincial Cancer Organizations, Winnipeg
- Simulation Summit 2010, Toronto
- Quality Forum, Calgary

Our website continues to be a much-used tool for Manitobans to access patient safety information and resources. It has been a valuable way for MIPS 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 year www.mbips.ca had 135,270 visitors and our *It's Safe to Ask* website (www.safetoask.ca) received 44,386 visitors. In total, the websites attracted close to 1,165,000 hits.



Future Directions

The board of the Manitoba Institute for Patient Safety **conducted a strategic planning process** during 2010-2011 and will be releasing the strategic plan for 2011–2014 at the AGM on June 16, 2011.

To help guide the planning process, the board conducted surveys with directors, the Patient Advisory Committee, staff, member organizations, key Manitoba and national partners, and patient safety experts. As a result, the board has decided that, over the next three years, we will restructure our activities around three newly written objectives designed to shift our focus to include more actions directed at influencing the public. At the same time, we will work hard to continue to influence healthcare providers, regional health authorities, member organizations, and the Ministry of Health regarding their views and actions on matters that can affect or improve patient safety in the province.

Along with MIPS' Patient Advisory Committee, the Manitoba Institute for Patient Safety will review potential areas of action for **engaging the public in self-advocacy** and develop priority areas for action.

The Manitoba Institute for Patient Safety will again work with organizations to promote **Canadian Patient Safety Week 2011**. The week is set for the first week in November.

The Manitoba Institute for Patient Safety will collaborate with the Canadian Patient Safety Institute to **promote the safety competencies and curricula mapping** in healthcare profession education programs in June, 2011.

MIPS will release a **Self-Advocacy For Everyone (SAFE) toolkit** in summer 2011, and will work with community groups interested in promoting patient safety awareness at grassroots levels in Manitoba.

The Manitoba Institute for Patient Safety will produce a French version of the **Learn to be safe** videos.

The Manitoba Institute for Patient Safety will launch our **Simulation Project** resources and will continue to work with CPSI and health profession educational programs and continuing professional development programs to discuss incorporation of the case simulations into educational opportunities.

The Manitoba Institute for Patient Safety will begin to take its ***We Listen, We Learn* public forums** to rural regions across Manitoba to give rural Manitobans more opportunities to voice their opinions and perspective on patient safety topics.

In 2011-2012, the Manitoba Institute for Patient Safety will partner with Manitoba Health to co-host a **patient safety learning day** with organizations mandated to report on critical incidents.



Members

The board of directors encourages organizations wishing to work with the Manitoba Institute for Patient Safety to apply for membership. Applications are available at www.mbips.ca/membership.

Members of the Manitoba Institute for Patient Safety as of March 31, 2011

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 Inc.
 Faculty of Medicine, University of Manitoba
 Faculty of Nursing, University of Manitoba
 Faculty of Pharmacy, University of Manitoba
 Grace General Hospital
 J. A. Hildes Northern Medical Unit, University of Manitoba
 Long Term and Continuing Care Association of Manitoba
 Manitoba Association for Medical Laboratory Science
 Manitoba Centre for Health Policy
 Manitoba Chiropractors' Association
 Manitoba College of Family Physicians Inc.
 Manitoba Dental Association
 Manitoba Health *
 Manitoba Pharmaceutical Association *
 Manitoba Speech and Hearing Association
 Misericordia Health Centre
 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 *
 The Arthritis Society, Manitoba/Nunavut Division
 Victoria General Hospital
 Winnipeg Regional Health Authority *

* denotes *Premier Member*



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, our partners included First Nations and Inuit Health (Health Canada), Prescription Information Services of Manitoba (PrISM), Regional Health Authorities of Manitoba Quality and Risk Management Network, Central Regional Health Authority Inc., University of Manitoba Interprofessional Education Initiative, Canadian College of Health Service Executives, Canadian Patient Safety Institute, RHA Central Patient Advocacy in the Community Group, Selkirk Patient Advocacy in the Community Group (Interlake RHA), Literacy Partners of Manitoba, University of Manitoba Faculty of Medicine Continuing Professional Development, 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, Manitoba Seniors and Healthy Aging Secretariat, Seniors Resource Councils in Manitoba, Victoria Lifeline and Grand Medical Health Services. We look forward to continuing to work with these partners and new ones in the year ahead.

Scarrow & Donald LLP

May 3, 2011

SCARROW & DONALD LLP
CHARTERED ACCOUNTANTS
100 – Five Donald Street
Winnipeg, Manitoba R3L 2T4
Business: (204) 982-9800
Fax: (204) 474-2888
www.scarrowdonald.mb.ca

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Manitoba Institute for Patient Safety Inc., which comprise the statement of financial position as at March 31, 2011, and the statements of operations, changes in net assets and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Manitoba Institute for Patient Safety Inc. as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants
Winnipeg, Canada

For this communication, together with the work done to prepare this communication and for 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.

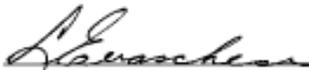


MANITOBA INSTITUTE FOR PATIENT SAFETY INC.
STATEMENT OF FINANCIAL POSITION

	<u>March 31</u>	
	<u>2011</u>	<u>2010</u>
ASSETS		
Current assets:		
Cash	\$ 78,417	\$ 143,447
Accounts receivable	12,065	19,679
Prepaid expenses	<u>2,282</u>	<u>1,259</u>
	92,764	164,385
Equipment:		
Equipment, at cost	53,727	52,661
Less: accumulated amortization	<u>(49,508)</u>	<u>(47,438)</u>
	4,219	5,223
	<u>\$ 96,983</u>	<u>\$ 169,608</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable	\$ 36,287	\$ 73,251
Net assets	<u>60,696</u>	<u>96,357</u>
	<u>\$ 96,983</u>	<u>\$ 169,608</u>

APPROVED BY THE BOARD:

 Director

 Director

1011 MANITOBA INSTITUTE FOR PATIENT SAFETY ANNUAL REPORT



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF OPERATIONS

	<u>Year ended March 31</u>	
	<u>2011</u>	<u>2010</u>
Revenues:		
Province of Manitoba	\$ 614,500	\$ 614,500
Partnership project	7,500	5,000
Canadian Patient Safety Institute	2,000	13,140
Manitoba Blue Cross	7,500	7,500
Memberships	6,200	6,150
Grants and other income	17,922	507
Interest	78	3,086
	<u>655,700</u>	<u>649,883</u>
Expenses:		
Salaries	274,386	248,924
Office operating	91,222	98,298
Board and Governance	63,124	54,437
Mandate operating	260,559	327,873
Amortization	2,070	11,415
	<u>691,361</u>	<u>740,747</u>
Difference between revenues and expenses	\$ <u>(35,661)</u>	\$ <u>(90,864)</u>



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2011

	<u>Internally restricted</u>	<u>Net assets invested in equipment</u>	<u>Unrestricted net assets</u>	<u>2011 Total</u>	<u>2010 Total</u>
Opening balance	\$ 91,134	\$ 5,223	\$ -	\$ 96,357	\$ 187,221
Internal restriction	(34,657)	1,066	33,591	-	-
Difference between revenues and expenses	<u>-</u>	<u>(2,070)</u>	<u>(33,591)</u>	<u>(35,661)</u>	<u>(90,864)</u>
Closing balance	<u>\$ 56,477</u>	<u>\$ 4,219</u>	<u>\$ -</u>	<u>\$ 60,696</u>	<u>\$ 96,357</u>



MANITOBA INSTITUTE FOR PATIENT SAFETY INC.

STATEMENT OF CASH FLOW

	Year ended March 31	
	2011	2010
Cash flow from operating activities:		
Cash from Province of Manitoba	\$ 614,500	614,500
Cash from Canadian Patient Safety Institute	2,000	8,000
Cash from Manitoba Blue Cross	7,500	7,500
Cash from other sources	39,314	2,915
Cash paid to suppliers and employees	<u>(727,278)</u>	<u>(694,734)</u>
	(63,964)	(61,819)
Cash flow from investing activities:		
Purchase of capital assets	<u>(1,066)</u>	<u>(6,261)</u>
	(1,066)	(6,261)
Change in cash	(65,030)	(68,080)
Cash, beginning of year	<u>143,447</u>	<u>211,527</u>
Cash, end of year	<u>\$ 78,417</u>	<u>143,447</u>

MANITOBA INSTITUTE FOR PATIENT SAFETY INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2011

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 is between three and five 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, 2011**

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 Organization 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, 2011**

3. Internally restricted net assets:

The Board has internally restricted nets assets as follows:

	<u>2010</u>	<u>Changes</u>	<u>2011</u>
Patient Simulation	\$ 68,700	\$ (59,700)	\$ 9,000
Abbreviation Project	3,000	-	3,000
Safer Healthcare Now	5,000	(5,000)	-
Long Term IT Requirements	1,800	1,500	3,300
Video Production	10,200	(8,300)	1,900
Mandate Operating	<u>2,434</u>	<u>36,843</u>	<u>39,277</u>
	<u>\$ 91,134</u>	<u>\$ (34,657)</u>	<u>\$ 56,477</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, 2011**

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 four years is approximately as follows:

2012	\$	41,120
2013		41,120
2014		38,864
2015		18,721