Safety, Ontario Hospitals and Lean

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I recently delivered the first of two parts in a classroom and independent study based Green Belt in Lean Healthcare. We were going over the participant's reviews and their feedback forms. It all went well, but there was apparently one person who thought I was a little rough on the healthcare community. So I asked myself, was I?

To answer that question, I had to look back at recent data and facts and I came across a piece from the CBC from 2007. It was about the Campbell Report that dealt with the post-SARS crisis. It killed 44 people in the Toronto area and struck down more than 330 others with serious lung disease. The report mentioned that the outbreaks were likely not preventable, but more could have been done to protect the safety of health-care workers.

> "If the commission has one single take-home message, it is the precautionary principle that safety comes first, that reasonable efforts to reduce risk need not await scientific proof. Ontario needs to enshrine this principle and to enforce it throughout our entire health system," the report concluded.
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> "When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today … Until this precautionary principle is fully recognized, mandated and enforced in Ontario hospitals, workers will continue to be at risk."

The lesson of SARS is that governments and health-care systems need to be ready for the unforeseen, according to the report. At cause was a system failure, including poor preparation for dealing with infectious disease and a decline of public health.

> "The only thing that saved us from a worse disaster was the courage and sacrifice and personal initiative of those who stepped up — the nurses, the doctors, the paramedics and all the others — sometimes at great personal risk, to get us through a crisis that should never have happened."

According to the report, systemic problems ran "like steel threads through all of SARS" through all hospitals and government agencies in the province. The problems identified in the report include:

- Poor internal and external communications
- Problems with preparation and planning for an outbreak of a virulent disease
- Accountability issues: who is in charge and who does what
- Problems with worker and patient safety
- Infection control, surveillance and lack of independent safety inspections
- Resource problems including people, money, laboratories and infrastructure

Two nurses and a doctor died from SARS, and 72 per cent of those infected in Ontario contracted the virus in a health-care setting, the report said. It called hospitals dangerous workplaces, like mines and factories, that lack the basic safety culture and systems that are expected and accepted in other workplaces and in British Columbia's hospitals. Another large outbreak in Ontario killed 62 people five years later.

So I answered my question, up to 2008. No, I was not being unduly hard on healthcare. So what about a little later on?

Errors are becoming more costly for hospitals, but patients and their loved ones have long felt the

effects of the patient safety and quality problems in the industry. The Institute of Medicine estimates that nearly 100,000 patients die in hospitals each year due to medical errors and harm to 2,000,000, with more than half of these errors being preventable. This is three times the numbers who die on the highways. This number does not include deaths that occur in the ambulatory setting or deaths after discharge that resulted from medical errors when the patient was hospitalized.

OK, so I'm not being too harsh yet.

The CBC reported elsewhere that every year, 250,000 Canadians pick up infections while they are in hospitals being treated for something else. That's a staggering one out of every nine Canadians who are admitted to hospital becoming infected while the prevention was blazingly simple. Every year, those infections kill more than 8,000 people. Also from the CBC, another study estimated the cost of MRSA alone to the healthcare system at $100 million annually. Although it's difficult to pinpoint the exact cost of all hospital-acquired infections, some Canadian infection control experts have estimated it's as high as $1 billion annually.

With better infection spread control, for example, better hand washing, an estimated 30 to 50 per cent of infections would be preventable in Canadian hospitals.

So how about the recent outbreak of C. Dificile?

As of July 7, 2011, the CBC ran a story, "Ottawa hospitals on alert for C. Difficile outbreak" detailing how 11 hospitals in the province are coping with outbreaks of C. Difficile. This is a bacterial infection that can cause severe diarrhea, nausea, and in some cases, death. The current outbreak has already claimed at least 17 lives.

Andrew Morrison, a spokesperson for the Ontario Ministry of Health, said the recent spike in infection rates is worrisome. "C. Difficile is a difficult disease to treat, and it can have devastating effects to people with compromised immune systems, or the elderly," he said. In 2003, for example, an outbreak in Quebec killed about 2,000 people.

"Handwashing is absolutely crucial," Morrison went on to say. "That is one of the chief ways that C. Difficile is transmitted from person to person — through hands that aren't absolutely sterile and clean."

When we look at testimony from patients and their survivors, it's often clean that best practices weren't followed in the housekeeping or handwashing procedures. Lean emphasizes following best practices and making them a part of the job by translating them into the new standard work.

So I wasn't being too hard on healthcare.

Lean is making inroads, but it still had a long way to go. I remember listening to the CBC on my car radio and hearing about deplorable sanitation conditions in patients' rooms. Here are a few parting shots, also from the CBC. Note that I've culled these from the CBC webpages, leaving off the more vitriolic ones.

From the CBC:

- I remember waiting outside the OR and being disgusted in the house keeping in the waiting-room and looking down and seeing carpets in the halls.
- … and if you watch them at my local hospital in Nelson BC you would wonder why we all aren't sick of transmittable disease. I spent two one week stints in the hospital over the winter and not once did I see a cleaning person actually use anything that might sterilize a room. They used dry Swiffer like mops to sweep the dust from one place on the floor to another and when cleaning counters they never once moved an item on a counter to clean the spot, just sort of dust around it. No products were used that might sterilize the counter. Blood spots remained on floors and the times when you saw a cleaning person were times when they were yapping with each other in the hallways. Nothing like i remember of hospitals twenty or thirty years ago when everything was

sterilized on a daily basis. Hell, they don't even clean the toilets on a regular basis and mine was so filthy I wouldn't use it until I got the cleaning staff to finally clean it. That took a couple of hours but it was that bad.

- More hours should be given to house keeping services for cleaning patient rooms and more audits should be done on hand washing for all health care workers....audits have shown that doctors do not wash their hands as often as other health professionals.
- I had a nasty experience while getting an ultrasound at a Niagara hospital.. Pulled out a clean, laundered, folded hospital gown from middle of pile of laundered gowns, put it on, and tied it at the neck, only to realize it absolutely stunk at the neck-seam like someone had died and vomited something so incredibly vile that it was permeated into the material at the gown neck fold; I immediately took the gown off and noted that the rest of the gown smelled clean except for that neck area; I pulled another clean gown. The stench from the first gown was absolutely pervasive. The stinking odour had gotten onto my skin and I couldn't wipe it off. I told the attendant but got an "ok" and was told to sit and wait, that was it. After the ultrasound, I put my clothes on but the stench which was now on the skin of my neck, got onto the collar of my top clothes and onto my hands, where I went to a washroom to clean the best that I could. It stunk like sick vomit with drugs.... When I got home I scrubbed and scrubbed to get the stinking odor off my neck and shoulder and washed it out of my clothes... It was totally disgusting! I tried to tell the Niagara Health Admin. people responsible but, was told they only had my word for it, and they hadn't seen the gown... CYA Kicked In. Obviously the laundry, performed by a third-party Laundry Company, was not done properly.. and C.difficile is a Killer in Niagara... I wonder if they would drop the snooty attitude and listen now...

From the SARS commission in late 2003:

- The Ontario College of Family Physicians and Family Physicians Toronto called for a "general" to run future crises, saying there were too many lieutenants, and not one central commander.
- "Ontario is now no more prepared for the outbreak of an infectious disease like SARS than it was last March or June. In fact, in some ways, we are worse off. We're still not clear on what protocols need to be followed to prevent the spread of SARS and to protect front-line nurses when they care for infected patients. … A reactive approach costs lives." - *Barb Wahl, president of the Ontario Nurses' Association.*
- "Clearly we have become complacent. As we prepare for SARS III or whatever new and potentially devastating disease is around the corner, there's a feeling that nothing has changed. … If we continue to be complacent and we wait until a crisis is upon us, it will be too late. The time for action is now." - *Dr. Yoel Abells, chair of Family Physicians Toronto.*
- "We were frustrated by our limited involvement in the decision-making processes at an operational level during the SARS outbreak. … We recommend that in future any policy framework developed should involve those individuals or stakeholder groups with specific expertise in developing practical and workable policies and guidelines in their affected areas from the beginning of the process." - *Dr. Larry Erlick, president of the Ontario Medical Association, arguing that doctors needed more interaction and influence with decision makers.*
- My concerns are, fundamentally, that we failed to take the measure of SARS. We failed to understand what it was about and we did that because we didn't put sufficient emphasis on data collection, data analysis and learning about the infection. Second of all, I'm concerned that we spent a lot of time on unnecessary, unhelpful and harmful intervention." - *Dr. Richard Schabas, chief of staff at York Central Hospital, formerly the chief medical officer of health for Ontario.*
- "It's a crisis, and in a crisis it's disordered. The idea of an emergency, in fact, is to return order to a situation that is not orderly. Crises are not happy times for people who like order in their lives." *- Dr. James Young, commissioner of public safety for Ontario.*
- "We were dealing with a disease that had no test, no diagnostic criteria for diagnosis, no idea of the clinic course and, at least at the outset, no treatment. The treatment that we had initially was found to be ineffective. No knowledge of disease transmission and no idea of the duration and infectivity. Pretty hard to develop any kind of coherent plan if we have that type of information." *- Dr. Brian Schwartz, of the Ontario SARS Scientific Advisory Committee.*

- "Why were health-care workers put at risk when we had information, we had processes in place indicating adequate protection needed to be taken and yet that information wasn't given to the nurses and other allied health professionals?" - *Barb Wahl, president of the ONA.*