Chapter 5
Section
5.01

Acute-Care Hospital Patient Safety and Drug Administration

Standing Committee on Public Accounts Follow-Up on Value-for-Money Audit, *2019 Annual Report*

On June 2, 2021, the Standing Committee on Public Accounts (Committee) held a public hearing on our 2019 audit of Acute-Care Hospital Patient Safety and Drug Administration. The Committee tabled a report on this hearing in the Legislature in February 2022. A link to the full report can be found at **http://www.auditor.on.ca/en/content/standingcommittee/standingcommittee.html**.

The Committee made 23 recommendations of which 13 recommendations were to the Ministry of Health (Ministry) and 10 recommendations were to the Ontario hospitals. The Committee asked the Ministry to report back to them by June 2022. The Ministry formally responded to the Committee on June 22, 2022.

A number of the issues raised by the Committee were similar to the audit observations of our 2019 audit, which we followed up on in 2021. The Ministry of Health's status of each of the Committee's recommended actions is shown in **Figure 1**. The Ontario hospital's status of each of the Committee's

Figure 1: Summary Status of Actions Recommended in February 2022 Committee Report

Prepared by the Office of the Auditor General of Ontario

RECOMMENDATION STATUS OVERVIEW						
		Status of Actions Recommended				
	# of Actions Recommended	Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 2	3			3		
Recommendation 4	1		1			
Recommendation 5	2	1	1			
Recommendation 7	2		2			
Recommendation 8	1		1			
Recommendation 9	3		1	2		
Recommendation 10	2		2			
Recommendation 11	1		1			
Recommendation 12	2			2		
Recommendation 14	3	1	2			
Recommendation 17	1		1			
Recommendation 22	1	1				
Recommendation 23	1				1	
Total	**23**	**3**	**12**	**7**	**1**	**0**
%	**100**	**13**	**53**	**30**	**4**	**0**

Figure 2: Summary Status of Actions Recommended in February 2022 Committee Report

Prepared by the Office of the Auditor General of Ontario

RECOMMENDATION STATUS OVERVIEW						
		Status of Actions Recommended				
	# of Actions Recommended	Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	1	0.85		0.08	0.08	
Recommendation 3	3	0.38	0.05	0.36	0.18	0.03
Recommendation 6*	2	0.32	0.07	0.07	0.32	0.21
Recommendation 13	1	0.85	0.08			0.08
Recommendation 15	3	0.97		0.03		
Recommendation 16	1	0.54	0.15	0.15	0.15	
Recommendation 18	1	0.31	0.08	0.46	0.15	
Recommendation 19	2	0.85				0.15
Recommendation 20	1	0.69	0.15			0.15
Recommendation 21	2	0.31				0.69
Total	**17**	**10.22**	**0.76**	**1.98**	**1.60**	**2.44**
%	**100**	**60**	**5**	**12**	**9**	**14**

*Note: During the 2019 audit planning stage, we conducted walkthroughs at Trillium Health Partners (THP), which was one of the hospitals audited in our 2016 audit report of Large Hospital Operations. In the 2019 audit, we limited our audit work at THP to human resources.

recommended actions is shown in **Figure 2**. The Ontario hospitals audited in select areas were Halton Healthcare, Hamilton Health Sciences, Humber River Hospital, Nipigon District Memorial Hospital, Pembroke Regional Hospital, Thunder Bay Regional Health Sciences Centre, The Ottawa Hospital, Women's College Hospital, Chatham-Kent Health Alliance, Grand River Hospital, Northumberland Hills Hospital, Stratford General Hospital and St. Thomas Elgin General Hospital.

We conducted assurance work between April 2022 and September 2022, and obtained written representation from the Ministry of Health and Ontario hospitals that effective November 21, 2022, they have provided us with a complete update of the status of the recommendations made by the Committee.

Overall Conclusion

As of September 30, 2022, 13% of the Committee's recommended actions had been fully implemented, while 53% were in the process of being implemented for the Ministry of Health. As well, 60% of the Committee's recommended actions had been fully implemented by the relevant Ontario hospitals, while another 5% were in the process of being implemented. There has been little or no progress on 30% of the recommended actions for the Ministry of Health and 12% of the recommended actions for the relevant Ontario hospitals.

In addition, the Ministry of Health will not implement 4% of the recommended actions because hallway health care and chronic hospital overcrowding is a multi-faceted problem that requires complex solutions and initiatives across broader health sector and ministries, not limited to just annual funding to hospitals. As well, certain hospitals indicated that they will not be implementing certain action items that account for 9% of the recommended actions, for example, some hospitals will not set a formal target to eliminate the occurrence of never-events and include this target in their Quality Improvement Plans because this is not a mandatory target established by Ontario Health and

are awaiting direction from it; and the hospitals' focus continues to be on the pandemic response.

Five hospitals will not be using the National Council of State Boards of Nursing public database to determine whether nurses they employ have faced disciplinary actions in the United States because these hospitals rely on the nurses' registration and disciplinary status with the College of Nurses of Ontario and rely on nurses truthfully answering on their application on whether he or she held a nursing licence or practiced in a jurisdiction other than Ontario.

Also, a hospital indicated that it will not implement the practice of making nursing shift changes at the patients' bedside because of roadblocks encountered that prohibited continuing this practice, one of which is the collective agreements related to unions that represent their nursing staff and the lack of overlap in shifts. Another hospital will not implement the practice of making nursing shift changes at the patients' bedside because discussions at the bedside of a double room leads to privacy breaches.

Some hospitals will not evaluate and further the adoption of additional methods to assess and monitor hand hygiene because of the cost to implement electronic measurement and also, having patients observe and record hand hygiene compliance is not something that will be considered at this time.

Also, a hospital refers to excellence in care in its vision and mission statements and therefore will not explicitly incorporate the words "patient safety" in their mission, vision, and/or as one of their core values.

Detailed Status of Recommendations

Figure 3 shows the recommendations and status details that are based on responses from the Ministry of Health and Ontario hospitals, and our review of the information provided.

Figure 3: Committee Recommendations and Detailed Status of Actions Taken

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
Recommendation 1	
The Standing Committee on Public Accounts recommends that to further emphasize patient safety as a foundation for hospitals' organizational culture, hospitals should explicitly incorporate the words "patient safety" in their mission, vision, and/or as one of their core values, and communicate this to their staff, ensuring that related actions demonstrate this emphasis. **Status: Fully implemented.**	Almost all of the hospitals have fully implemented this recommendation and have made a clear and direct reference to patient safety and quality of care. One hospital has not progressed because its mission, vision, values and strategic plan that incorporated excellent patient care was already implemented and will be in place until 2024. This hospital will be considering explicitly incorporating the words "patient safety" when the mission, vision, values and strategic plan begins re-evaluation in 2024. One hospital will not implement this recommendation. Although patient safety is a priority for this hospital, it refers to excellence in care in its vision and mission statements.

Committee Recommendation	Status Details
Recommendation 2	
The Standing Committee on Public Accounts recommends that to determine and reduce the impact of never-events on patient safety and the healthcare system, the Ministry of Health should: • work with internal and external partners to leverage an existing system that can accumulate and track hospital never-event data; **Status: Little or no progress.** • upon implementation and rollout completion of this system, analyze the frequency of never-events occurring at Ontario hospitals, estimating their cost to the healthcare system; **Status: Little or no progress.** • partner with hospitals and best practice organizations/stakeholder groups to develop a plan to prevent never-events from happening. **Status: Little or no progress.**	The Ministry of Health has engaged Ontario Health as a key partner to support the approach on tracking hospital never-events data in the hospital sector. In September 2022, the Ministry met with Ontario Health, which subsequently provided a draft plan for the collection of never-event data. The draft plan is currently under review.
Recommendation 3	
The Standing Committee on Public Accounts recommends that to minimize the occurrence of serious preventable patient safety incidents, hospitals should: • enhance patient safety practices to eliminate the occurrence of never-events; **Status: Fully implemented.**	As of June 2022, all of the 13 hospitals have patient safety practices in place to eliminate the occurrence of never-events. For example, hospitals have developed quality and safety policies and procedures to reduce or eliminate occurrences of never-events, including identifying and learning from these incidents in order to prevent recurrence.
• set a formal target to eliminate the occurrence of never-events and include this target in their Quality Improvement Plans; **Status: In the process of being implemented by April 2023.**	Two hospitals have fully implemented this action item, for example, formal targets have been set and included in their Quality Improvement Plan (QIP). Some hospitals are in the process of implementing this action item, for example, having established a formal target of zero never-events and is internally tracked but the target has not been included in their current Quality Improvement Plan. Although all hospitals are tracking the occurrence of critical incidents and never-events and reporting the results internally to their senior leadership team and Board of Directors, more than half of the hospitals have not progressed or will not set a formal target to eliminate the occurrence of never-events and will not include this in their QIPs because some hospitals have noted that this is not a mandatory target established by Ontario Health and are awaiting direction from it; their focus continues to be on the pandemic response; and some hospitals have internally reported zero never-events on an annual basis but some hospitals have noted that if an incident should occur the hospital would consider setting a formal target and including it in their QIP.
• track and report the number and types of never-events to the Ministry of Health and make the reports public. **Status: Little or no progress.**	All hospitals are awaiting direction from the Ministry of Health to report these never-events to it through a formal reporting system. Refer to **Recommendation 2** for the implementation and rollout of this reporting system.

Committee Recommendation	Status Details
Recommendation 4 The Standing Committee on Public Accounts recommends that to better enable hospitals to prevent similar patient safety incidents, including never-events, from recurring at different hospitals, the Ministry of Health should work with the Ontario Hospital Association and applicable stakeholder groups to establish a forum where hospitals can share their knowledge and lessons learned from patient safety incident investigations, or include such knowledge and lessons in an existing forum. **Status: In the process of being implemented by November 2022**	The Ministry has launched Quality and Patient Safety Rounds, a provincial educational and knowledge sharing forum, in March 2022. This forum includes sessions on patient safety topics and never-events. The Ministry of Health is also in the initial stages of engaging Ontario Health as a key partner to review current resources, analyze the root cause of safety incidents in coroner's reports directed at Ontario Health, and support the approach on tracking hospital never-events data in the hospital sector. Results of the initial engagement should be available in fall 2022. The Ministry plans to then leverage the findings from the current state review to develop a learning calendar for the Community of Practice, a provincial educational and knowledge sharing forum, which it plans to launch in fall 2022. Community of Practice will focus on developing a blame-free culture so that health care organizations, including hospitals, feel empowered to discuss and act upon patient safety incidents.
Recommendation 5 The Standing Committee on Public Accounts recommends that to enable nurses' prospective employers to obtain a more complete record of nurses' employment history and performance and make well-informed hiring decisions, the Ministry of Health and the Ontario Hospital Association should continue to work with the College of Nurses of Ontario and other regulatory stakeholders to: • identify gaps in the current information available to prospective employers regarding past performance issues and terminations; **Status: Fully implemented.**	The Ministry of Health worked with the health sector to identify gaps in the information sharing between the College of Nurses of Ontario (College) and health system partners. The gaps identified were that nurses may have multiple employers and an ongoing investigation in connection with services provided at one health facility (e.g., a hospital or a long-term-care home) where the complaint was filed at one location may not be known at the other work location; and the threshold for disclosure and the purposes for the disclosure would need to be developed so as to balance both public safety and procedural fairness.

Committee Recommendation	Status Details
• take steps to address gaps identified. **Status: In the process of being implemented by August 2025.**	The Ministry of Health is working with the health sector to address gaps in information sharing between the health regulatory colleges and health system partners. The College adds information about a nurse's employers from the past three years on the College's public register so that employers have a reliable way to obtain employment information about nurses. The College has also worked to include all current employers on the public register. Many nurses have more than one employer, this will provide a more accurate picture of a nurse's employment. Work is currently under way by the College to link information in better ways, such as through the voluntary Employer Reference Group established by the College partnering with nurse employers. This Employer Reference Group meets on a quarterly basis to identify areas to support employers' needs relating to nursing regulation. The Employer Reference Group has been working on a number of initiatives during 2020 and 2021 to address the gaps identified above (see **Recommendation 5**, action 1). For example, a revised reporting guide was developed outlining the steps involved when filing a professional conduct report, and new resources on harm prevention were developed and shared through videos that raised awareness about the possibility of nurses and other health-care providers intentionally harming patients. The College has authored an article about health care serial killers that was published by the Journal of Nursing Regulation. The article includes findings from a comprehensive literature review and makes suggestions to detect and prevent health care serial killing. In addition, the implementation of NURSYS Canada, a national database for sharing nurse registration and discipline information across jurisdictions by August 2025 (see **Recommendation 7**), will also address the gaps identified above (see **Recommendation 5**, action 1).
Recommendation 6 The Standing Committee on Public Accounts recommends that in order for hospitals that hire nurses to have access to the complete record of nurses' past places of employment and disciplinary history, hospitals should: • use the National Council of State Boards of Nursing public database to determine whether nurses they hire and employ have faced disciplinary actions in the United States; **Status: In the process of being implemented by December 2022.**	More than half of the hospitals have fully implemented this action item by confirming nurse applicant registration through the National Council of State Boards of Nursing public database regardless of the country the nurse is coming from, including Canada. One hospital is in the process of implementing this action item, to ensure full disclosure, their hiring policy is being revised and will go through approval process. Four hospitals will not be implementing this action item because these hospitals rely on the nurses' registration and disciplinary status with the College and rely on nurses truthfully answering on their application on whether he or she held a nursing licence or practiced in a jurisdiction other than Ontario. However, this does not address the risk that the nurse may fail to disclose complete information about their licence status and disciplinary record from other jurisdictions, and the College would not detect this due to the lack of a single repository for Canadian nurse registration and discipline information, since NURSYS Canada, a national database for sharing nurse registration and discipline information across jurisdictions, will not be implemented until August 2025.

Committee Recommendation	Status Details
• if the hospital uses agency nurses, require nursing agencies to confirm these nurses have been screened through this database. **Status: In the process of being implemented by December 2022.**	Only eight hospitals use agency nurses. One hospital fully implemented this action item by its suppliers of agency nurses have implemented this. A hospital is in the process of implementing this action item, if an agreement for agency nurses is created then it will seek confirmation of nurses screening through the US database. Also, one hospital is currently participating in a group request for proposal for nursing services and suggested that this be included as a requirement. Over half of the eight hospitals will not implement this action item because a hospital's focus is on the pandemic response and its inability to verify that agencies are consulting the US national database, and these hospitals require all agency nurses to be in good standing with the College of Nurses of Ontario (College). However, as stated above, this does not address the risk that the nurse may fail to disclose complete information about their licence status and disciplinary record from other jurisdictions, and the College would not detect this due to the lack of a single repository for Canadian nurse registration and discipline information, since NURSYS Canada, a national database for sharing nurse registration and discipline information across jurisdictions, will not be implemented until August 2025.
Recommendation 7 The Standing Committee on Public Accounts recommends that to help ensure that when hospitals hire nurses, they have access to the nurses' full disciplinary record, the Ministry of Health should request that the Ontario Hospital Association and the College of Nurses of Ontario work together with their provincial and territorial counterparts to: • explore a national system for provincial and territorial nursing regulatory bodies to report their disciplinary actions; **Status: In the process of being implemented by August 2025.** • put in place an effective process for background checks on nurses' past employment and disciplinary records from other jurisdictions, including the United States. **Status: In the process of being implemented by August 2025.**	The College of Nurses of Ontario (College) is working with other Canadian regulators to implement a national database (NURSYS Canada) for sharing nurse registration and discipline information across jurisdictions. NURSYS Canada is a national project under the joint leadership of the B.C. College of Nurses and Midwives (BCCNM) and the College. They have partnered with the National Council of State Boards of Nursing (NCSBN) to develop an electronic repository for Canadian nurse registration and discipline information. NURSYS Canada will enhance public protection by allowing all nurse regulators across Canada to review and exchange the relevant information needed to verify it is safe to permit a nurse to work across provincial and territorial jurisdictions. While NURSYS Canada is a Canadian system, it will be possible to more efficiently and effectively exchange information with nursing regulators in the United States, since it is based on the American system developed by the National Council of State Boards of Nursing. NURSYS Canada still needs implementation on the national level and with its American counterparts.

Committee Recommendation	Status Details
Recommendation 8 The Standing Committee on Public Accounts recommends that to better inform employers in their hiring decisions and protect patiens from the risk of harm, the Ministry of Health should assess for applicability in Ontario the actions taken by US states to protect hospitals and other healthcare providers from liability associated with any civil action for disclosing a complete and truthful record about a current or former nurse to a prospective employer. **Status: In progress of being implemented by March 2023.**	The Ministry of Health developed a jurisdictional questionnaire and sent it to five provinces or territories (Nunavut, Nova Scotia, Alberta, Northwest Territories and Saskatchewan) to seek information to help inform it of the applicability in Ontario to protect hospitals and other health-care providers from liability associated with any civil action for disclosing a complete and truthful record about a current or former nurse to a prospective employer. The Ministry has obtained the responses from all five provinces or territories, and completed the analysis of jurisdictional scan results to inform next steps. The Ministry conducted a series of consultations with internal stakeholders to identify potential options for implementation. The Ministry is now finalizing draft options to present for senior management review. Selection of an option is expected by October 2022. Once the selection is completed, Ministry will begin implementing the approved option. The Ministry estimates the implementation to be completed by March 2023.
Recommendation 9 The Standing Committee on Public Accounts recommends that in the interest of patient safety and in order for hospitals and agencies to be fully aware of a prospective nurse employee's past employment and performance history, the Ministry of Health should explore means to: • enable hospitals and agencies to provide and receive complete and accurate references and information to make informed nursing hiring decisions; **Status: Little or no progress.** • require these organizations to disclose such information when it is requested by a prospective employer; **Status: Little or no progress.**	Due to competing priorities and COVID-19 pandemic responses, an opportunity has not been available for the Ministry to examine the Regulated Health Professions Act (RHPA) in this regard. The RHPA provides a regulation that permits the government to prescribe purposes for which disclosures can be made under specific clauses from the College of Nurses of Ontario to public hospitals or other named/described persons of certain information stemming from its investigations. The Ministry will examine existing regulation-making powers that could permit Colleges, including the College of Nurses of Ontario, to disclose relevant investigation information to hospitals.
• regulate agencies that recruit nurses. **Status: In the process of being implemented by March 2024.**	The Employment Standards Act, 2000 (ESA) was amended in 2021 by the Working for Workers Act, 2021, to establish a licensing framework for temporary help agencies and recruiters who operate in Ontario. One intent of the licensing framework is to help client businesses of temporary help agencies and recruiters avoid working with non-compliant and underground entities by prohibiting temporary help agencies from operating or acting as a recruiter without a licence. The licensing scheme also prohibits knowingly engaging or using the services of an unlicensed temporary help agency or recruiter and establishes an online public directory for licensed temporary help agencies and recruiters for the public, prospective clients, employees and jobseekers. Prior to the framework being proclaimed into force, regulations would need to be established. By March 2024, the Ministry of Training, Labour and Skills Development plans to create regulations to operationalize this component of the Working for Workers program for licensing recruiters, including agencies that recruit nurses. In addition, nurses who work for agencies are currently accountable to the College of Nurses of Ontario for ensuring that they have the knowledge, skill and judgment required to provide the required care for the patient and must provide services that align with the accepted standards of practice and ethics.

Committee Recommendation	Status Details
Recommendation 10 The Standing Committee on Public Accounts recommends that in order for hospitals to make optimally informed hiring and staffing decisions, the Ministry of Health should require all hospitals in Ontario to: • continue to perform criminal record checks before hiring nurses and other healthcare employees; **Status: In the process of being implemented by March 2023.** • consider periodically updating checks for existing staff. **Status: In the process of being implemented by March 2023.**	The Ministry of Health developed a jurisdictional questionnaire and sent it to five provinces or territories (Nunavut, Nova Scotia, Alberta, Northwest Territories and Saskatchewan) to seek information to help inform it of the applicability in Ontario to perform criminal record checks before hiring nurses and other health-care employees, and periodically update checks for existing staff. The Ministry has obtained the responses from all five provinces or territories, and completed the analysis of jurisdictional scan results to inform next steps. The Ministry conducted series of consultations with internal stakeholders to identify potential options for implementation. The Ministry is now finalizing draft options to present for senior management review. Selection of an option is expected by October 2022. Once an option is selected, Ministry will begin implementing the approved option. The Ministry estimates the implementation to be completed by March 2023.
Recommendation 11 The Standing Committee on Public Accounts recommends that to enable hospitals to take timely action to improve patient safety, the Ministry of Health should ensure that it is easier and less costly for hospitals and ultimately the taxpayer to address physician human resources issues, especially in cases when doctors may have harmed patients. **Status: In the process of being implemented by March 2023.**	The Ministry of Health developed a jurisdictional questionnaire and sent it to five provinces or territories (Nunavut, Nova Scotia, Alberta, Northwest Territories and Saskatchewan) to seek information to help inform it of the applicability in Ontario to make it easier and less costly for hospitals and ultimately the taxpayer to address physician human resources issues, especially in cases when doctors may have harmed patients. The Ministry has obtained the responses from all five provinces or territories, and completed the analysis of jurisdictional scan results to inform next steps. The Ministry conducted series of consultations with internal stakeholders to identify potential options for implementation. The Ministry is now finalizing draft options to present for senior management review. Selection of an option is expected for October 2022. Once the selection is completed, Ministry will begin implementing the approved option. The Ministry estimates the implementation to be completed by March 2023.
Recommendation 12 The Standing Committee on Public Accounts recommends that to improve patient safety, the Ministry of Health should: • review the Accreditation Canada hospital reports and identify areas where hospitals may consistently not be meeting required patient safety practices and high-priority criteria; **Status: Little or no progress.**	The Ministry of Health and Ontario Health have not collected the Accreditation Canada reports from hospitals to review and identify areas where hospitals may consistently not be meeting required patient safety practices and high-priority criteria. Since the Accreditation Canada reports are the property of each individual hospital, Ontario Health is establishing a relationship with Accreditation Canada and will explore opportunities for this information sharing. The Ministry plans on working with Ontario Health to ensure that hospital patient safety practices are reviewed and assess how patient safety in hospitals is being addressed to address potential deficiencies.

Committee Recommendation	Status Details
• follow up with hospitals with respect to problem areas to confirm that actions are taken to correct deficiencies. **Status: Little or no progress.**	The Ministry of Health and Ontario Health have not collected the Accreditation Canada reports from hospitals to review and identify areas where hospitals may consistently not be meeting required patient safety practices and high-priority criteria, however, the Ministry has included patient safety as a priority in the 2020- 2021 and 2021-2022 Ontario Health Mandate Letters. Ontario Health's mandate includes holding health-care providers accountable for health system performance and quality by undertaking a review of the Accountability Agreements with health-service providers and working closely with the Ministry of Health to outline roles and responsibilities related to accountability and performance management because further investigation is required to outline patient safety elements of accountability. Also, Ontario Health updated its publicly reported indicators on hospital patient safety through 2020-21 on the Health Quality Ontario platform. As well, Ontario Health, via the Health Quality Ontario platform, publicly reports on medication safety. Ontario Health will review its health system performance and quality reporting structure and take these recommendations into account during this process. The Ministry plans on working with Ontario Health to ensure that hospital patient safety practices are reviewed and assess how patient safety in hospitals is being addressed to address potential deficiencies.
Recommendation 13 The Standing Committee on Public Accounts recommends that hospitals should reinforce with staff the importance of the medication reconciliation documentation processes in order to reduce the risk to discharged patients, and so that hospitals have all the necessary patient information to properly investigate any medication-related incidents that might occur and trigger hospital readmission. **Status: In the process of being implemented by December 2022.**	The majority of hospitals have fully implemented this recommendation by having medication reconciliation policies and procedures in place, having dedicated staff to do the work and review it to ensure completeness, provide ongoing education to nursing and pharmacy staff on completing medication reconciliation, and some hospitals audit patients' charts to ensure medication reconciliation is done at admission and discharge with the results shared with staff for continuous improvement. One hospital established a medication reconciliation task force to reinforce the importance of medication reconciliation on a corporate level. Another hospital is in the process of implementing this recommendation by having its medication reconciliation policy and procedures revised to clearly outline staffs' roles and responsibilities for inpatients, and continuing to educate staff on this implemented policy.
Recommendation 14 The Standing Committee on Public Accounts recommends that to reduce the risk of medication errors and readmissions to hospital, the Ministry of Health should continue to: • require hospitals to ensure that medication reconciliation is completed for all patients; **Status: Fully implemented.**	During 2020-21, Ontario Health developed a quality standard on medication safety that will support hospitals and other health-care settings in their efforts to reduce errors and risks related to medication use and administration. The medication safety quality standard was publicly released in March 2021 and addresses care for people of all ages who are taking one or more medications. It focuses on care in all settings relevant to medication safety, including primary health care, specialist health care, long-term care, and home and community care. Also, Ontario Health publicly made available a patient guide to medication safety that accompanies the quality standard on medication safety. The guide outlines the top five areas to improve care for people taking one or more medications – one area being an accurate and up-to-date list of medications is available to people taking medication (and their families and caregivers, as appropriate) and to relevant health care professionals.

Committee Recommendation	Status Details
• require hospitals to include medication reconciliation in their Quality Improvement Plans as needed; **Status: In the process of being implemented by March 2024.**	Ontario Health and the Ministry of Health discussed and agreed to include a medication reconciliation indicator for the 2022/23 Quality Improvement Plans (QIPs) for hospitals. An indicator on medication reconciliation is now included in the 2022/23 QIP for hospitals. However, due to priorities related to the COVID-19 pandemic, the Ministry has decided that there would be no mandatory indicators for the 2022/23 QIP cycle. As result, while a medication reconciliation indicator is a priority indicator in the 2022/23 QIP cycle, it is not a requirement for hospitals to include this indicator in their QIP for 2022/23. The Ministry and Ontario Health have decided not include the medication reconciliation as a mandatory indicator for 2023/24, however they will consult with each other to determine its inclusion as a mandatory indicator for the 2024/25 fiscal year.
• in conjunction with relevant hospitals, review their IT system needs to be able to track necessary medication reconciliation information and take action for improvement where needed. **Status: In the process of being implemented by March 2023.**	The Ministry carried out a series of consultations with internal stakeholders to identify IT system needs to be able to track necessary medication reconciliation information and is analyzing this information to prepare draft options for implementation for senior management review. Selection of an option is expected by October 2022. Once the selection is completed, the Ministry will begin implementing the approved option. The Ministry estimates the implementation to be completed by March 2023.
Recommendation 15 The Standing Committee on Public Accounts recommends that to improve patient safety, hospitals should reinforce with nurses necessary medication administration processes to ensure that: • independent double-checks of high-risk medications are done to verify that correct medication and dosage are administered; **Status: Fully implemented.**	All 13 of the hospitals have policies in place to support safe medication practices, and provide education to nurses for the independent double-check process by providing training through online modules and during nursing medication safety orientation. The majority of the hospitals use a hospital information system (HIS) with barcode verification that prompts nurses of the requirement of an independent double-check, thus providing additional safety checks at the bedside.
• nurses witness patients taking and swallowing high-risk medications; **Status: Fully implemented.**	Almost all of the hospitals specifically state in their medication administration policy or through a statement in the hospital information system (HIS), that nurses must witness the patient swallow medication according to practice standards for medication administration. For the hospital that does not explicitly state this in its policy, it reinforces medication administration procedures through training and other educational opportunities.
• nurses use two unique identifiers to confirm the identity of patients before administering medication to them. **Status: Fully implemented.**	All 13 of the hospitals provide education for nurses for the patient unique identification process by providing training through online modules and during nursing medication safety orientation. The majority of the hospitals use a hospital information system (HIS) with barcode verification as an additional means of confirming patient identification with the use of mobile workstations and wireless barcode scanners.

Committee Recommendation	Status Details
Recommendation 16 The Standing Committee on Public Accounts recommends that to minimize patient safety incidents due to missing information or miscommunication, hospitals should adopt, based on patient condition, the practice of making nursing shift changes at the patients' bedside and where possible involving the patients and their families (with the consent of the patients) in the process. **Status: In the process of being implemented by March 2023.**	More than half of the hospitals have fully implemented this recommendation and do have a policy in place of making nursing shift changes at the patients' bedside and where possible involving the patients and their families, with the consent of the patients, in the process. Two hospitals are in the process of implementing this recommendation, however, due to the COVID-19 pandemic and issues related to resources and restrictions, this implementation was delayed. One hospital is currently reviewing this but has human resources challenges. Another hospital indicated that it had past experience with this approach but achieving widespread sustainability was difficult. Due to logistics and patient caseloads this process has been very difficult to achieve, however, it fully intends to re-explore if an adapted approach may be accomplished with the introduction of the new HIS. One hospital indicated that it will not implement this recommendation because of roadblocks encountered that prohibited continuing this practice, one of which is the collective agreements related to both unions that represent their nursing staff and the lack of overlap in shifts. Additionally, the move to a bedside report meant the nurse stopped writing a shift handover report. It came to light that other disciplines were using the written report and didn't want it to be eliminated. Doing both created a duplication in work for the nursing staff. Another hospital has also indicated that it will not implement this recommendation because discussions at the bedside of a double room leads to privacy breaches.
Recommendation 17 The Standing Committee on Public Accounts recommends that to improve patient safety with respect to medication administration and where a compelling business case for cost-effectiveness can be made, the Ministry should work with hospitals toward the automation of pharmacy-related tasks, if feasible. **Status: In the process of being implemented by March 2023.**	The Ministry held consultations with internal stakeholders regarding automation of pharmacy-related tasks as part of their annual capital planning process and is analyzing this information to prepare draft options for implementation for senior management review. Selection of an option is expected by October 2022. Once the selection is completed, the Ministry will begin implementing the approved option. The Ministry estimates the implementation to be completed by March 2023.

Committee Recommendation	Status Details
Recommendation 18	
The Standing Committee on Public Accounts recommends that to improve the accuracy of reported hand hygiene compliance, while at the same time encouraging hand hygiene, the Ontario Hospital Association should work with hospitals to evaluate and further the adoption of additional methods to assess and monitor hand hygiene, such as asking patients to observe and record the hand hygiene compliance of their healthcare providers. **Status: In the process of being implemented by December 2022.**	One hospital does use patients to observe and record the hand hygiene compliance of their health-care providers. This hand hygiene compliance is monitored and included in appropriate dashboards. Some hospitals complete random "blind" audits for hand hygiene compliance and use these observational inspections of handwashing techniques to better identify training gaps, more accurately monitor compliance and provide reminders to staff about the importance of basic infection control. One hospital implemented a hand hygiene coordinator to support hand hygiene and is in the process of educating staff and creating hand hygiene reports for front line staff, managers and senior leadership to increase awareness and accountability. Half of the hospitals have not progressed with this recommendation because they are awaiting guidance from the Ontario Hospital Association. Of these hospitals, one hospital has begun to investigate the use of artificial intelligence to monitor hand hygiene in some hospital rooms and is considering expanding this to more rooms in 2022 subject to funding availability. One hospital stated that its Intensive Care Units have been part of a research study looking at electronic measurement of hand hygiene monitoring, however, this study was compromised by the COVID-19 pandemic and without funding to implement/maintain and research validation of the role of patients in hand hygiene this work will not continue. Some hospitals will not be implementing this recommendation because of the cost so there are no current plans to implement electronic measurement and also, having patients observe and record hand hygiene compliance is not something that will be considered at this time.
Recommendation 19	
The Standing Committee on Public Accounts recommends that so that sterile-rooms and the equipment used in the mixing and preparation of intravenous medications are cleaned according to required standards, we recommend that hospitals: • provide their pharmacy and housekeeping staff, including contracted staff, with proper training on how to conduct the cleaning; **Status: Fully implemented.**	Eleven of the 13 hospitals (two hospitals are not applicable) provide their pharmacy and housekeeping staff with training on how to conduct the cleaning, and in addition, the majority of hospitals test their staff afterwards using theoretical and practical assessments. A hospital participates in a Shared Service Agreement within their region that provides guidance and oversight to meet the Ontario College of Pharmacists NAPRA standards for the preparation of sterile products (hazardous and non-hazardous). As part of this agreement, certification of all staff entering clean rooms is conducted by the Sterile Compounding Supervisor with annual recertification required. In addition, staff at this hospital are tested using theoretical and practical assessments.
• monitor the cleaning to ensure proper processes are being followed. **Status: Fully implemented.**	Eleven of the 13 hospitals (two hospitals are not applicable) have fully implemented this action item by having staff maintain cleaning logs based on the frequency noted in their policy documents and monitored by their certified senior staff. As well, some hospitals perform surface sampling testing to ensure cleaning standards are met. In addition, the effectiveness of the cleaning can be assessed by an external company.

Committee Recommendation	Status Details
Recommendation 20	
The Standing Committee on Public Accounts recommends that to improve hospitals' compliance with the Canadian Standards Association's standards pertaining to the washing and sterilization of surgical tools and medical equipment, hospitals should have their washing and sterilization of surgical tools and medical equipment—whether conducted in-house or by contracted providers—inspected internally on an annual basis. **Status: In the process of being implemented by February 2023.**	The majority of hospitals have implemented dedicated staff who are responsible for conducting inspections of their surgical tools and medical equipment to meet the Canadian Standards Association's (CSA) standards, in addition to the daily quality testing of the tools and equipment conducted by these hospitals, and the preventative maintenance conducted by the vendors. One hospital is in the process of contacting peer hospitals to get a better understanding of how they approached this recommendation and is exploring options for a shared agreement with another organization to complete audits of their surgical tools and medical equipment to ensure compliance with the Canadian Standards Association's standards. Another hospital is in the process of using the Provincial Infectious Diseases Advisory Committee (PIDAC) medical device reprocessing (MDR) best practice audit tools to perform audits of their MDR department. This hospital's auditing process will be added to its "Quality Management Policy for Medical Device Reprocessing" as part of its next annual review.
Recommendation 21	
The Standing Committee on Public Accounts recommends that in order for contracts with private providers of sterilization services to be managed effectively by hospitals, hospitals should:	Of the hospitals that contracted with a third-party provider, all have included the necessary service standards and/or performance indicators in these contracts.
• include all the necessary service standards and performance indicators in these contracts; **Status: Fully implemented.**	
• on a regular basis, assess the private service provider's compliance with all contract terms. **Status: Fully implemented.**	One hospital monitors and reviews the performance indicators on a quarterly basis, in addition, the hospital's senior team reviews compliance on an annual basis and has annual meetings with the third-party provider executives. Another hospital's senior team meet with the third-party provider regularly to review its performance. One hospital that uses sterilization services from a third-party provider for one of its programs reports in real-time the defects from its review of products received and any recurring issues to the third-party provider. One hospital's renewed contract with the third-party provider now includes a section related to key performance indicators (KPI) and reporting expectations. A KPI dashboard was implemented and is reviewed quarterly and annually to monitor reprocessing performance. In addition, this hospital developed an audit tool to include a review of contract deliverables such as delivery of service. This audit is performed annually by the hospital and reviewed with the third-party provider at the annual executive meeting.

Committee Recommendation	Status Details
Recommendation 22 The Standing Committee on Public Accounts recommends that so that patients with a life- or limb-threatening condition receive timely care from the closest hospital, the Ministry of Health should leverage learned lessons from hospitals that utilize "command centres" and work with CritiCall toward the development of a provincial bed command centre. **Status: Fully implemented.**	We found that the Provincial Hospital Resource System (PHRS), housed at CritiCall Ontario, provides up-to-date hospital level information on acute bed occupancy and resource availability in Ontario's acute-care hospitals. The Provincial Hospital Resource System (PHRS) Repatriation Tool, an electronic tool used by hospitals to initiate and track requests for patient transfer, supports efficient and timely repatriation back to the home hospital. CritiCall Ontario is beginning Admission/ Discharge/Transfer (ADT) automation of acute-care bed boards and occupancy information from hospitals directly into the PHRS. This near real-time information will further support timely patient transfers by allowing speedy and accurate identification of available beds across the province. The Provincial Hospital Resource System (PHRS), combined with ADT feed automation, provides the same information that would be available in a provincial bed command centre. CritiCall Ontario's core services, supported by the PHRS and ADT automation, ensure that patients requiring urgent, emergent and critical care, including those with a life-or-limb-threatening condition, receive timely care from the nearest appropriate facility. With the information available from the PHRS, CritiCall Ontario can accurately identify the closest appropriate hospitals with available beds and, hence, direct patient transfers to these hospitals accordingly. Out of 166 hospital sites currently reporting to the PHRS, 100 are ADT-enabled hospitals. The remaining 66 hospitals reporting to the PHRS are not ADT-enabled. Non-ADT-enabled hospitals are those that do not have their ADT feed set up for the Critical Care Information System (CCIS) (because they do not have Adult, Maternal Neonatal or Pediatric ICU beds) and will continue to enter all of their bed data manually. These sites are smaller hospitals in the province that would normally not have the throughput that larger sites have. In 2020, CritiCall Ontario also launched a business intelligence tool, CORD-BI, which generates dashboards based on data reported by hospitals to the PHRS. The CORD-BI dashboards are an effective performance monitoring tool, helping hospitals identify, among other items, potential gaps in their communication or processes (for example, when physicians reported no bed and the appropriate bed type occupancy showed occupancy on the PHRS), as well as capacity issues at the hospital for patients by bed type. To support Ontario's COVID-19 pandemic response, CritiCall Ontario became the single point of contact for all Incident Management System (IMS) transfers in Ontario, working closely with Ontario Health, the Ontario COVID-19 Critical Care Command Centre, regional IMS tables and hospital partners. CritiCall Ontario developed the Ontario Patient Transfer System, which combines data from the PHRS Repatriation Tool with data from ORNGE and Ontario's Central Ambulance Communications Centres, to enable all partners involved in IMS patient transfers to co-ordinate and track planning efforts and patient movement in near real-time.

Committee Recommendation	Status Details
Recommendation 23 The Standing Committee on Public Accounts recommends that the Ministry of Health should ensure that annual funding to hospitals is sufficient to address chronic overcrowding. **Status: Will not be Implemented.**	Through a number of initiatives over the past five years, the Ministry of Health has increased the number of beds and spaces available to patients to improve access to health care for patients and to reduce hospital overcrowding. In 2017/18, the government provided $140 million in Surge Bed Funding, $100 million to make 2,000 additional hospital beds available and $40 million for post-hospital and preventative care at home. Surge bed funding was also provided in 2018/19 and 2019/20. As response to increased pressure on hospitals due to the COVID-19 pandemic, the Ministry allocated additional funds to add new beds for the first wave of the pandemic. Additionally, as part of the fall Preparedness Plan, in 2020/21, the Ministry provided funds to add more than 2,250 new beds at 57 hospitals and alternate health facility beds. The Ministry has continued to provide funds to maintain the over 3,100 surge beds for COVID-19 for 2021/22 and 2022/23. In addition, the Ministry has made a capital plan commitment to build approximately 3,000 new beds in ten years. In 2018/19, the Ministry launched the Post-Construction Operating Plan (PCOP) program, and has been providing additional annualized operating funding to eligible hospitals following completion of their approved capital projects to support expansions in the services and post-construction operational requirements, these include funding for clinical services, facility costs and equipment amortization. The government also recognizes the important role that home care services have in supporting health system capacity and addressing hospital overcrowding. Home care provides personal support services, nursing and other professional services to people who need care to stay at home or recover from a hospital stay. This provides Ontarians with the choice to recover in their home, which helps with hospital capacity. As part of Ontario's 2021 Fall Economic Statement, the Ontario government announced $548.5 million over three years to expand home care services. This funding will support expanded home care services, while recruiting and training more home care workers. To build on this, the Ontario government is planning to invest $1 billion more over the next three years to further expand home care. In addition, the government plans to increase capacity in the Long-term Care (LTC) sector by 30,000 net new long-term care beds in the province by 2028. Making investments in bed and staffing capacity in the LTC sector should help alleviate Alternate Level of Care (ALC) pressures in hospitals. ALC patients are those who occupy acute-care hospital beds but are not acutely ill or do not require the intensity of resources or services provided in a hospital setting. These patients would be transferred to a setting with lower intensity of resources or services such as long-term care homes, thus freeing up acute-care beds in hospitals and reduce overcrowding. As of 2022, Ontario has 31,705 new and 28,648 upgraded beds in development. The Ministry of Health has informed us that while it remains committed to end the hallway health care and chronic hospital overcrowding, this is a multi-faceted problem that requires complex solutions and initiatives across broader health sector and ministries, not limited to just annual funding to hospitals. Investments in bed and staffing capacity in the Long-Term Care sector helps alleviate Alternate Level of Care (ALC) pressures in hospitals. The Ministry has noted that creation of long-term care beds is the responsibility of Ministry of Long-Term Care and it falls beyond the scope of Ministry of Health's authority. As a result, this recommendation will not be implemented by the Ministry of Health.