



FOR IMMEDIATE RELEASE  
INSTITUTE ANNOUNCES ANNUAL PATIENT SAFETY GRANTS TO  
COMMUNITY ORGANIZATIONS FOR 2019

**WINNIPEG, Manitoba (December 10, 2018):** The Manitoba Institute for Patient Safety (MIPS) is awarding Dr. John Wade Patient Safety Initiative Grants to support two projects to be conducted in 2019.

- Dr. Elizabeth Rhynold, a Geriatrician working in Prairie Mountain Health, and the Falls Prevention and Management Steering Committee will receive \$4,000 for their project aimed at Sedative-Hypnotic Deprescribing in Prairie Mountain Health.
- Dr. Karine Levasseur, an Associate Professor in the Department of Political Studies at the University of Manitoba, is being awarded \$3,000 to hire a Student Research Assistant to help her conduct a series of interviews with medical professionals that will advance her *More than Words? Assessing the Impact of Apology Legislation in Canada* project, which will assess the impact of apology legislation on enhancing accountability, specific to promoting learning and, in turn, patient safety.

The Manitoba Institute for Patient Safety's grants are named in honour of Dr. John G. Wade. The University of Manitoba medical school graduate is internationally-recognized for his pioneering work in patient safety. Wade can be described as the "Father of Patient Safety in Canada". His leadership led to the creation of both the Canadian Patient Safety Institute and the Manitoba Institute for Patient Safety. The Dr. John Wade Patient Safety Initiatives Grant provides funds to projects to encourage projects in support of patient safety initiatives in Manitoba.

Created in 2004, the Manitoba Institute for Patient Safety promotes, coordinates and facilitates activities that have a positive impact on patient safety throughout Manitoba while enhancing the quality of healthcare for Manitobans. The Institute's patient safety initiatives like *It's Safe To Ask* have been replicated across Canada and internationally. To date they have contributed over \$209,300.00 to projects that focus on patient safety.

Patient safety can be defined as activities that caregivers, patients and families engage in to prevent harm to patients and work towards providing the safest possible care. Examples are disclosing when things go wrong, studying patient incidents to find ways to prevent them, apologizing, creating standard procedures such as checklists, and creating cultures that are open to patient and caregiver team input.

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Backgrounders of the two projects follow.

High-Res photographs of Grant recipients can be found at [www.mips.ca](http://www.mips.ca).

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PREMIER MEMBERS

## Backgrounder About the *Sedative-Hypnotic Deprescribing in Prairie Mountain Health Project*

Prairie Mountain Health (PMH) has the highest rate in Manitoba of benzodiazepine use among residents aged 75+ in long term care at 47%. Almost 25% of Community-dwelling residents age 75+ are prescribed benzodiazepine. They are used to treat insomnia, anxiety, alcohol withdrawal and seizure disorders. In addition to being addictive, they are associated with memory impairment, falls, fractures and motor vehicle accidents.

This project focuses on educating people who take these medications about the risks associated with them. “This project will be of extreme importance to the education of prescribing practitioners and their understanding of the issue of over prescribing, limiting long term drugs that can have significant impact on patients and how to deprescribe or withdraw medications appropriately and safely”, said the Manitoba Institute for Patient Safety. “We also know these drugs are a leading cause of falls, which is one of Canada’s top patient safety concerns.”

Dr. Rhynold and members of the Falls Prevention Working Groups will partner with health providers to implement a client-centered deprescribing education program based on the Choosing Wisely "Drowsy Without Feeling Lousy" toolkit that includes an algorithm from the Canadian Deprescribing Network. Her team will share this knowledge translation with pharmacists, physicians and nurses in the Prairie Mountain Health Region through department meetings, medication reviews and on-line resources.

“There have been tremendous advances in the resources available to help teams such as ours operationalize safe, evidence-based deprescribing. One of the greatest myths about sedative-hypnotics is that it is futile to attempt a decrease and eventual discontinuation if someone has been on them for years. It is now well established that people can be successful after they know more about the risks and benefits and are supported through a slow tapering of the doses,” said Dr. Rhynold. “We are very grateful that this grant will allow our team to reach out to providers throughout our Region. These providers have the ongoing relationships that are pivotal to the success of deprescribing.”

## Backgrounder About the *More than Words? Assessing the Impact of Apology Legislation in Canada Project*

Apology legislation came into effect in Manitoba in 2007, yet, little is known about the ramifications of apologies on stakeholders or their impact on the public. Well intended apologies if executed poorly may have negative consequences and reinforce feelings of mistrust, alienation and trauma for patients and families. There are mixed signals sent to medical professionals from the legal community about whether to apologize or not, even though legislation in Manitoba protects the apology from being used as evidence in a legal matter. We need to know the risk of any negative impact. The key goals of Dr. Karine Levasseur's project is to develop a comprehensive understanding on what an apology is and what it means as well as to assess the impact on enhancing accountability specific to promoting learning and patient safety.

The Manitoba Institute for Patient Safety (MIPS) has been an advocate for the apology act since its inception. MIPS knows the power of an apology to patients and providers when harm happens. Patients often feel a sense of relief when they receive an apology. It helps in their journey to closure in that what happened to them mattered and helps to rebuild trust. It gives patients the reassurance that their voice has been heard. When harm happens, the practitioner suffers as well with overwhelming guilt, shame and fear. The capacity to say "I am sorry" opens the door for their healing and the opportunity for dialogue with patient. However, the process of apologizing must be strategic to be effective...when, why, how and to whom matters. This project works to address some of these important areas.

This phase of research being funded by the Manitoba Institute for Patients Safety centers on gathering input from medical professionals and builds on previous input gleaned from patient safety organizations, patients who did and did not receive apologies after an adverse event in healthcare, and Indigenous people.

An 'apology' is so broadly defined in the legislation that it can mean different things to different people," said Dr. Levasseur. "We appreciate that this grant from MIPS will help us continue to work with patient research partners and various other stakeholders to develop a comprehensive understanding of what an apology is and what it means. Ultimately, we want to be able to assess the impact of apology legislation on enhancing accountability, specific to promoting learning and, in turn, patient safety."

Dr. Fiona MacDonald of the University of the Fraser Valley is the other lead researcher on the project and conducts very similar research in British Columbia where apology legislation also exists.