Patient Safety Policy

1. Introduction

Statistics on Patient Safety Events in Canadian hospitals reveals that 1 in 17 stays involved at least one harmful event. The most common harmful events are health care related, such as bed sores and medication errors (47%), followed by hospital acquired infections (31%), then procedure-related (18%) and Patient accidents (4%); most of these events are Preventable. Harmful events in health care include medical events and also behaviours such as Racism and Discrimination. *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* documented ongoing Harms for Indigenous Peoples within the B.C. health system with 24 recommendations addressing Indigenous-specific Racism and Discrimination. This Policy takes into consideration these types of Harms that contribute to Patient Safety Events.

The Provincial Health Services Authority (PHSA) is committed to ensuring Patients have access to a coordinated network of high-quality, specialized health services that are safe, respectful, effective, and Person-centered. PHSA recognizes that Patient Safety includes physical, psychological, emotional, spiritual and cultural elements. As such, PHSA is committed to providing safe health services that are free of stigma from mental health and addictions issues, disability, sexual and gender diversity, or religious minority status, and recognizes how race intersects with these aspects of self-identity and may affect experience, quality of care, and health outcome. PHSA is also dedicated to ensuring Staff know their role in fostering a Patient Safety Culture—an essential condition for Patient Safety.

PHSA recognizes the distinct Cultures, Self-determination and the individual and collective Rights of Indigenous people, as well as the distinct Rights and Title of First Nations peoples on the lands that PHSA is situated and serves as part of the British Columbia (B.C.) health care system. PHSA acknowledges that the roots of historic and ongoing Settler Colonialism, White Supremacy and Indigenous-specific Racism and Discrimination are embedded in PHSA policies, practices, procedures and decision-making processes. From a Distinctions-Based Approach, PHSA is committed to the application of Indigenous-specific Anti-Racism and Cultural Humility in all policies, practices and procedures to eradicate systemic Indigenous-specific Racism and Discrimination, create a Zero-tolerance Environment for Indigenous-specific Racism and Discrimination, promote 'Speak-Up' Culture, and hardwire Indigenous Cultural Safety throughout PHSA.

PHSA is responsible for implementing the foundational commitments in First Nations Health transformation, and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the B.C. Declaration on the Rights of Indigenous Peoples Act (Declaration Act) and the Declaration Act Action Plan. These foundational documents affirm the Rights of Indigenous Peoples to Self-determination and inclusion in meaningful decision-making, and establish and define universal Indigenous Rights and Indigenous Human Rights, including the Indigenous Right to Health. This requires ensuring the inclusion of Wise Practices, such as diverse Indigenous Knowledge and health practices that contribute to sustainable, equitable and just conditions, are given equitable space and weight with Best Practices, a Western evidence-based approach.

1.1 Purpose

The purpose of this Policy is to:

- Confirm PHSA's commitment to Patient Safety and a Patient Safety Culture;
- Describe guiding principles for PHSA programs in delivering Person-centered, Trauma and Violence-informed and Culturally safe health services;
- Outline the organizational and individual responsibilities in optimizing the delivery of safe health services at PHSA; and
- Identify the specific roles and responsibilities to support PHSA Staff in adhering to the Policy.

1.2 Scope

This Policy applies to all PHSA Staff in all PHSA programs and services. Should there be a conflict between this PHSA-wide Policy and a program-specific or service-specific policy, this PHSA-wide Policy will prevail.

2. Policy

2.1 Patient Safety Culture

PHSA shall provide safe health services characterized by:

- A supportive learning environment where Patient Safety Events are regarded as opportunities to make improvements in safe health services;
- Organizational willingness to direct resources to address Patient Safety Events;
- A 'Speak-Up' Culture where Staff, Patients, families and other partners feel safe to report Patient Safety Events without fear of retaliation or any other kind of Harm and know they will be acted upon;
- A Person-centered approach that upholds Patient dignity;
- A partnering approach involving Patients, families and their care providers to make decisions in their care;
- A respect for Patient and family Culture, beliefs, values and lived experiences;
- A supportive and engaged leadership that promotes a Just Culture and Patient Safety Culture;
- An informed Culture where data are collected, analyzed and disseminated to drive continuous improvement;
- Eliminating racism for all people at PHSA and cultivating a respectful, safe and inclusive environment;
- A Trauma and Violence-informed lens that considers the historical relation of racialized and marginalized groups to the health care system, and identifying and repairing distrust of Patients self-identifying in these groups;
- Identifying, reporting, managing, preventing and protecting Patients from Abuse inflicted by Staff; and

- The highest accountability for Patient Safety, such as outlined in regulations and accreditation standards.

2.1.1 Patient Safety Event Management and Review

PHSA supports timely reporting of Patient Safety Events. Patients, Staff, and leaders must report and act on Patient Safety Events. Patient Harm is disclosed to the Patient, family or designate of their choice as soon as known and documented according to the [Disclosure of Patient Safety Events Policy](#). PHSA manages and reviews non-Critical and [Critical Patient Safety Events](#), [Near Misses](#) and [Hazards](#) following the standard processes per the [Critical and Non-Critical Patient Safety Event Management and Review Procedure](#). PHSA takes a collaborative, interdisciplinary and non-retaliatory approach to analyze Patient Safety Events, and develops and implements improvement initiatives with the engagement of Patients.

2.1.2 Patient Experience

PHSA supports Patient Experience services and uses an assortment of Patient engagement methods to ensure the Patient and family voice is heard and included to identify gaps in care. Patients are engaged as active partners in a variety of settings and feedback from Patients and families are regularly collected, analyzed and used to plan and implement improvements.

2.1.3 Stop the Line

PHSA supports a Culture that encourages Staff, regardless of their role and position, to intervene immediately and prevent Patient Safety Events using "Stop the Line" when concerns related to Patient Safety arise.

2.1.4 Indigenous-specific Anti-Racism

PHSA will address and eliminate inequities and barriers impacting Indigenous People's Right to safe health services that are free from Racism and Discrimination. PHSA will have Zero-tolerance for acts of Indigenous-specific Racism, Discrimination, stereotyping and/or harassment and promote a 'Speak-Up' Culture throughout PHSA. The eradication of Indigenous-specific Racism and Discrimination and the hardwiring of Indigenous Cultural Safety and Humility must be understood, embraced and practiced at all levels of PHSA including governance, programs, and services and within individual professional practice. This Policy must be applied with all related procedures and guides. PHSA is guided by the [Health Standard Organization 75000:2022(E) *British Columbia Cultural Safety and Humility Standard*](#).

2.1.5 Reporting Patient Abuse

Staff who observe, or reasonably believe, that Abuse by Staff is or has taken place must report the Abuse to their manager or designate and follow the Reporting and Investigating Patient Abuse procedure (in development).

Effective date: 11/SEP/2023

2.2 Patient Safety Practices and Evaluation

PHSA delivers competent and evidence-based practices and monitors quality indicators to make improvements to Patient Safety.

2.2.1 Evolving Practices and Findings

As new Patient Safety reports, such as the recommendations from *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care,* and scientific health care innovations emerge, PHSA dedicates resources to evaluate and use this information to advance Patient Safety.

2.2.2 Quality Indicators

PHSA ensures mechanisms for measuring and monitoring Patient Safety are in place by:

- Adopting the BC Patient Safety Quality Council's Quality Matrix;
- Ensuring standard and program-selected indicators are relevant, tracked and reported so action can be taken; and
- Using data to inform program planning and monitor safe health services delivery.

2.2.3 Prospective Analysis

PHSA uses risk and prospective analysis tools, e.g., Failure Mode & Effects Analysis, to assess and minimize risks in program planning and evaluation related to Patient Safety.

2.2.4 Risk

PHSA uses an Integrated Risk Management approach to systematically identify, assess and respond to risks in program planning and evaluation related to Patient Safety.

2.3 Legislation and Accreditation Requirements

2.3.1 Legislative Patient Safety Requirements

PHSA follows and incorporates all governmental or professionally regulated Patient Safety requirements in PHSA policies, procedures and professional standards for health professionals.

2.3.2 Accreditation Requirements

As an academic health organization, Accreditation is a requirement for PHSA. PHSA actively upholds Accreditation Canada Standards and amends practice(s) to meet standards where needed.

3. Responsibilities

3.1. All Staff

All Staff will:

Effective date: 11/SEP/2023

- Use established processes to promptly report, document, manage and disclose Patient Safety Events;
- Be accountable to incorporate learnings from Patient Safety Events into their performance;
- Take steps to prevent Patient Safety Events, such as following the established processes to enact "Stop the Line";
- Be accountable for their own performance as established by job performance requirements;
- Continue to obtain education related to evidence-based safe practices and Patient Safety;
- Put Patients at the centre of care and demonstrate respect for a Patient's Culture and beliefs and incorporate their values into their treatment plans;
- Make Patient's aware that they may have a support person of their choice that shares their lived experience when at appointments and provide such resources where possible;
- Create a safe and supportive environment for Patients to report their health service experience;
- Advocate for support, including training or education, to ensure their own safety and the safety of their Patients;
- Create a Zero-tolerance Environment for Indigenous-specific Racism and Discrimination that promotes a 'Speak-Up' Culture and actively promotes Indigenous-specific Anti-Racism;
- Foster an environment that actively promotes Anti-Racist, diverse, inclusive, accessible, and equitable health services; and
- Promote the organization's commitment to Patient Safety Culture, such as providing responses and acting on the results from the Patient Safety Culture Survey.

3.2. Managers and Leaders

Managers and leaders will:
- Participate in Patient Safety Event reviews and ensure outcome recommendations are implemented and complete;
- Maintain timely management of Patient Safety Events according to organizational policies and procedures, including reporting, learning from, disclosing, and acting on Patient Safety Events;
- Encourage and support health teams (including Patients and families) to improve Patient Safety;
- Ensure that Staff education is up to date on evidence-based practices and procedures applicable to Patient Safety;
- Ensure the province-wide mandate to hardwire Indigenous-specific Anti-Racism education and training is attended by all Staff;
- Cultivate and model a Zero-tolerance Environment for Indigenous-specific Racism and Discrimination and promote a 'Speak-Up' Culture; and
- Cultivate and model an environment that contributes to Anti-Racism, diversity, inclusion, and equity.

Effective date: 11/SEP/2023

3.3. Professional Practice Leaders

Professional practice leaders will:

- Participate in Patient Safety Event reviews and offer recommendations to support Person-centered care and Best and Wise Practices;
- Collaborate on the creation of organizational policies and procedure to ensure evidence-based Best and Wise Practices are included and Staff have the support from their leaders to report Patient Safety Events;
- Support the implementation of Best and Wise Practices in collaboration with the PHSA programs to ensure Staff have the opportunity to learn and consolidate new skills and knowledge to support the delivery of safe health services;
- Foster an environment that supports clinicians to practice in a manner that promotes adherence to Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standards outlined by their applicable regulatory bodies; and
- Collaborate with Indigenous Health on reports, complaints or feedback involving Indigenous Patients where there is a practice issue.

3.4. Risk Management Leaders

Risk leaders will:

- Collaborate in the creation of organizational policies and procedures to ensure evidence-based and risk-based Best and Wise Practices and confidential reporting methods are available for health teams (including Patients and families) to report Patient Safety Events;
- Support the implementation of evidence-based and risk-based Best and Wise Practices by working with programs and services to identify, assess and respond to risks related to safe health services delivery, as well as during program planning and evaluation, using an Integrated Risk Management approach; and
- Collaborate with Indigenous Health on reports, complaints, feedback or issues involving Indigenous Patients.

3.5. Quality & Safety Directors/Leaders

Quality directors and quality leaders will:

- Collaborate with key partners such as, but not limited to, operations and medical leaders, Professional Practice, Risk Management and Patient Experience in the undertaking of Patient Safety Event reviews and the development of recommendations;
- Maintain timely management of Patient Safety Events according to organizational policies and procedures, including reporting, learning from, disclosing, and acting on Patient Safety Events to ensure recommendations are implemented and complete;
- Ensure that Patient Safety data and statistics are tracked and reported so action can be taken to improve outcomes;
- Collect disaggregated data to identify inequities in care experienced by racialized and marginalized populations;

Effective date: 11/SEP/2023

- Enact practices that facilitate collective and open dialogue and action for safe health services (e.g., regular safety huddles to empower Staff to proactively deliver safe health services); and
- Collaborate with Indigenous Health leadership to ensure Indigenous-specific Racism and Discrimination is addressed and Indigenous Cultural Safety and Trauma and Violence-informed practice is embedded throughout Patient Safety Event reviews.

3.6. Executive Leadership

Executive leadership will:

- Set the vision and direction that prioritizes Patient Safety;
- Ensure this Policy and supporting procedures such as "Stop the Line" are in place within their respective programs/service areas;
- Provide effective operational and performance management supports, decision-making structure, and infrastructure needed to drive excellence and quality improvement;
- Ensure Indigenous-specific Anti-Racism training is available to all Staff;
- Model a Zero-tolerance Environment for Indigenous-specific Racism and Discrimination that promotes a 'Speak-Up' Culture;
- Collaborate with Indigenous Health executive leadership to ensure Indigenous-specific Racism is addressed and Indigenous Cultural Safety and Trauma and Violence-informed practice is embedded throughout Patient Safety Event reviews;
- Ensure Staff and leadership complete mandatory training and education; and
- Allocate resources to establish and grow a Person-centered, dignified and respectful Culture.

3.7. Board of Directors

PHSA's board of directors will:

- Demonstrate a clear commitment to Patient Safety and be accountable for the quality of safe health services provided by PHSA;
- Ensure recommendations from Patient Safety Event reviews are acted upon;
- Model a Zero-tolerance Environment for Indigenous-specific Racism and Discrimination that promotes a 'Speak-Up' Culture;
- Ensure accountability of PHSA leadership to safe health services in the commitment to Indigenous-specific Anti-Racism;
- Approve policies governing performance targets and standards of safe health services; and
- Ensure systems are in place for measuring, monitoring, learning, transparency and public accountability.

4. Compliance

All Staff members are responsible for adhering to this Policy and monitoring their activities in accordance with the Policy. Staff members may remind others to comply with this Policy. Failure by Staff to comply with this Policy may result in disciplinary action up to and including termination of employment, services or privileges and reporting to regulatory bodies.

Effective date: 11/SEP/2023

5. Supporting Documents

5.1. Related Policies

- Anti-Racism Policy (under development)
- [Disclosure of Patient Safety Events Policy](#)
- Diversity, Equity, and Inclusion Policy (under development)
- [Fostering a Culture of Respect Policy](#)
- Indigenous-specific Racism and Discrimination for PHSA Staff Policy (in progress)
- [Integrated Risk Management Policy](#)
- [Language Access Policy](#)
- [PHSA Patient Care Quality Office and Patient Care Quality Review Board Act - PHSA Care Quality Complaint Management](#)

5.2. Guidelines/Procedures/Frameworks

- [Critical and Non-Critical Patient Safety Event Review Procedure](#)
- [Integrated Risk Management: A Framework for PHSA](#)
- [PHSA Quality & Safety Integrated Strategy](#) (2022)
- Reporting and Investigating Patient Abuse Protocol (under development)
- [Section 51 of the *BC Evidence Act* PHSA Guidelines](#)
- [Stop the Line - Authority to Intervene to Ensure Patient Safety Procedure](#)

6. Definitions

"Abuse" includes, but is not limited to, the deliberate mistreatment of a Patient that causes physical, mental or emotional Harm, or damage to or loss in respect of the Patient's financial affairs.

"Anti-Racism" is the practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate Racism. It is more than just being "not racist" but involves taking action to create conditions of greater inclusion, equality and justice.

"Best Practices" means a practice that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.

"Critical Patient Safety Event" means a Patient Safety Event defined by:
- A confirmed severe or catastrophic Harm with a direct causal relationship between service provided (or that should have been provided) and the Harm; or
- Any confirmed [Never Event](#) based on a Program/Service-defined list.

"Culture" is a social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. Cultural groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviours and styles of communication**.**

Effective date: 11/SEP/2023

"Cultural Humility" is a life-long process of self-reflection and self-critique. It is foundational to achieving a Culturally safe environment. Cultural Humility begins with an in-depth examination of our own assumptions, beliefs and privilege embedded our own understanding and practice.

"Discrimination" means comments or conduct that would constitute a breach of the BC Human Rights Code. The BC Human Rights Code makes it unlawful to discriminate on certain grounds. The protected categories include Indigenous identity, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, gender, sexual orientation, gender identity or expression, age or having been convicted of a criminal or summary conviction offence that is unrelated to employment.

"Distinctions-Based Approach" means that work with First Nations and Métis people and Inuit is conducted in a manner that acknowledges the specific rights, interests, priorities and concerns of each, while respecting and acknowledging these distinct Peoples with unique Cultures, histories, rights, laws, and governments.

"Harm" means impairment of structure or function of the body and/or psychological effects and/or any deleterious effect arising therefrom. This includes Harm resulting from Indigenous and other racial bias and Discrimination, disease, injury, physical and emotional suffering, disability and death.

"Hazard" means a circumstance, agent or action with the potential to cause Harm.

"Indigenous Cultural Safety" is the process of making spaces, services and organizations safer and more equitable for Indigenous people by considering colonial history and seeking to eliminate structural Racism and Discrimination. Cultural safety is also an 'outcome' based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system; it is when Indigenous people feel safe when receiving health care.

"Indigenous Knowledge", or traditional knowledge, generally refer to knowledge systems embedded in the cultural traditions of regional, Indigenous, or local communities.

"Indigenous" in Canada is an overarching term that includes First Nations, Inuit and Métis peoples, either collectively or separately. It is the term many Indigenous people in Canada prefer and is part of the title in the *United Nations Declaration on the Rights of Indigenous Peoples*. One should ask Indigenous individuals which term they prefer to be acknowledged by.

"Indigenous-specific Anti-Racism" is addressing the unique nature of stereotyping, bias, and prejudice about Indigenous Peoples in Canada that is rooted in the history of Settler Colonialism. It requires consistent examination of colonial policies and practices that contribute to ongoing race-based Discrimination, negative stereotyping, power imbalances and other injustices experienced by Indigenous Peoples.

"**Indigenous-specific Racism"** is the unique nature of stereotyping, bias, and prejudice about Indigenous peoples in Canada that is rooted in the history of Settler Colonialism. It is the ongoing race-based Discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic Discrimination, and inequitable outcomes stemming from the colonial policies and practices.

Effective date: 11/SEP/2023

"Just Culture" means a values-supportive model of shared accountability. It's a Culture that holds organizations accountable for the systems they design and for how they respond to Staff behaviours fairly and justly.

"Near Miss" is an event that could have caused harm but is caught before it reaches the patient.

"Never Events" are Patient Safety Events that result in serious Patient Harm or death and that can be prevented by using organizational checks and balances.

"Patient" is anyone who receives or has requested health care or services from PHSA and its health care providers or individuals authorized to act on behalf of PHSA.

"Patient Experience" can be defined as the sum of all interactions shaped by an organization's culture that influence patient perceptions across the continuum of care.

"Patient Safety" means making care continually safer by reducing Harm and Preventable mortality.

"Patient Safety Culture" means an underlying philosophy of the workplace in which a shared and constant commitment to safety permeates the entire organization.

"Patient Safety Event" means an event or circumstance which could have resulted or did result, in unnecessary Harm to a Patient.

"Person-centered" is care that is grounded in a system that is designed and delivered to directly address the health care needs and preferences of Patients. To achieve Person-centered care, the focus needs to be on the following principles: respect; choice; empowerment; Patient, caregiver and Staff involvement in health policy; access and support; and information.

"Preventable" refers to something that is accepted by the community as avoidable in the particular set of circumstances.

"Racism" means the differential treatment of a person because of their race. Racism takes many forms, some of which include symbolic, embodied, psychological, institutional/systemic, every day, and interpersonal.

"Self-determination" refers to the international (United Nations) recognition that Indigenous peoples have the right to Self-determination. By virtue of that right Indigenous peoples may freely determine their political status and freely pursue their economic, social and cultural development.

"Settler Colonialism" is a specific social and political formation that is continuous and involves processes of invasion, dispossession and settlement that are ongoing.

"'Speak-Up' Culture" refers to a healthy, supportive environment, where team members feel free to share their ideas, opinions and concerns, without fears of retaliation or penalty. Often people associate it with calling out toxic company Culture or even an individual member of the team, however it can also refer to people feeling comfortable to express different ideas.

"Staff" means all unionized and non-contract employees (including management and leadership), medical Staff members (including physicians, midwives, dentists, and nurse practitioners), residents,

Effective date: 11/SEP/2023

fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHSA.

"**Trauma and Violence-informed**" practice recognizes approaches that focus on minimizing the potential for harm and re-traumatization and enhancing safety, control, and resilience for those involved with systems or programs.

"**White Supremacy**" is the idea (ideology) that White people and the ideas, thoughts, beliefs, and actions of White people are superior to Indigenous and Black People and People of Colour and their ideas, thoughts, beliefs, and actions. The term "White Supremacy" also refers to a political or socio-economic system where White people enjoy structural advantage and rights that other racial and ethnic groups do not, both at a collective and an individual level.

"**Wise Practices**" are strengths-based actions, tools, principles, or decisions that are Culturally appropriate and community driven. Wise Practices recognize the wisdom in each Indigenous community and in the community's own stories of achieving success. The concept of Wise Practices recognizes that Culture matters.

"**Zero-tolerance Environment**" is a work space that responds to an action with a specific consequence (or range of consequences) and consistently applies that consequence without deviation.

7. References

BC Patient Safety and Quality Council. Patient Voices Network Glossary (2022). Retrieved from: https://patientvoicesbc.ca/resources/glossary

Canadian Institute for Health Information (2022). Patient harm in Canadian Hospitals? It does happen. Retrieved from: https://www.cihi.ca/en/Patient-harm-in-canadian-Hospitals-it-does-happen

Healthcare Excellence Canada. A Framework for Establishing a Patient Safety Culture: Patient Safety Culture "Bundle" for CEOs/Senior Leaders (2022, June 30). Retrieved from: https://www.healthcareexcellence.ca/en/resources/Patient-safety-culture-bundle/

Healthcare Excellence Canada (2022). How Safe is Your Care? Measurement and Monitoring of Safety through the Eyes of Patients and their Care Partners. Retrieved from: https://www.healthcareexcellence.ca/media/dnrgw10m/20220525_howsafeisyourcare_final_en.pdf

Healthcare Excellence Canada. Patient Safety Culture (2023, February 15).Retrieved from: https://www.healthcareexcellence.ca/en/resources/patient-safety-and-incident-management-toolkit/patient-safety-management/patient-safety-culture/

Health Standards Organization and Canadian Patient Safety Institute (2020). The Canadian Quality & Patient Safety Framework for Health Services. Retrieved from: https://www.Patientsafetyinstitute.ca/en/toolsResources/Canadian-Quality-and-Patient-Safety-

Effective date: 11/SEP/2023

Framework-for-Health-and-Social-Services/Documents/CPSI-10001-CQPS-Framework-English_FA_Online.pdf

Health Standards Organization and Canadian Patient Safety Institute (2019). Strengthening Commitment for Improvement Together: A Policy Framework for Patient Safety. Retrieved from: https://www.Patientsafetyinstitute.ca/en/toolsResources/PolicyFrameworkforPatientsafetyCanada/Documents/PolicyFramework%20Document%20ENG%20FINAL.pdf

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (2020). Retrieved from: https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf

National Health Service. Patient Safety-A Just Culture Guide (2022, June 1). Retrieved from: https://www.england.nhs.uk/patient-safety/a-just-culture-guide/

7.1 Legislation

BC Human Rights Code, RSBC 1996, c. 210.
Evidence Act, RSBC 1996, c. 124.
Hospital Act, RSBC 1996, c. 200.
Hospital Insurance Act, RSBC 1996, c. 204.
Mental Health Act, RSBC 1996, c. 288.

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Feedback:	PHSApolicyoffice@phsa.ca			

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