Summary Status Table in Response to the Report of the Auditor General of Ontario

[*Acute Care Hospitals Patient Safety and Drug Administration]*
[Section 3.01, 2019 Annual Report of the Auditor General]
[Ministry of Health]

Auditor's Recommendation	Completed undertaking	Outstanding undertaking (including timeline)
Recommendation #2: "To determine and reduce the impact of never-events on patient safety and the health-care system, we recommend that the Ministry of Health: • work with internal and external partners to leverage an existing system that can accumulate and track hospital never-event data; • upon implementation and rollout completion of this system, analyze the frequency of never-events occurring at Ontario hospitals, estimating their cost to the health-care system; and • partner with hospitals and best practice organizations/stakeholder groups to develop a plan to prevent them from happening"	The consultation with hospitals has been delayed due to COVID-19. Work remains paused due to demands of COVID-19 pandemic.	In partnership with Ontario Health, conduct hospital sector consultations to understand key business requirements. Work with partners to leverage an existing data collection tool to track hospital never-event data and rollout of this system to the hospital sector. (April 2022) Hospital sector consultation to understand key business requirements. (Sept. 2022)
Recommendation #4 "To better enable hospitals to prevent similar patient safety incidents, including never-events from recurring at different hospitals, we recommend that the Ministry of Health work with the Ontario Hospital Association and applicable stakeholder groups to establish a forum	Ontario Health continues to work on monitoring and publicly reporting on critical aspects of patient safety and health system performance. Ontario Health continues to focus on COVID-19 response efforts.	This work is currently paused due to COVID-19. However, once resumed, Ontario Health will work with appropriate stakeholders to develop a shared knowledge sharing platform. (Dec. 2021)

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where hospitals can share their knowledge and lessons learned from patient safety incident investigations."		
Recommendation #5: "To enable nurses' prospective employers to obtain a more complete record of nurses' employment history and performance and make well-informed hiring decisions, we recommend that the Ministry of Health have the Ontario Hospital Association 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; and • take steps to address gaps identified."	The Ministry of Health is working with the health sector to address gaps in information-sharing between colleges and health system partners. As part of continuing to improve transparency and increase information-sharing between employers and the health regulatory colleges, the College of Nurses of Ontario (College) and the Ministry have worked to add 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. Since many nurses have more than one employer, this will provide a more accurate picture of a nurse's employment. Work is currently under way to link information in better ways. The College has proactively partnered with nurse employers to establish an Employer Reference Group to identify areas to support employers' needs relating to nursing regulation. This recommendation has been completed.	N/A - Recommendation has been fully implemented
Recommendation #7: "To help ensure that when hospitals hire nurses they have access to their full disciplinary record, we recommend that the Ministry of Health request that the Ontario Hospital Association and the College of Nurses of Ontario work together with	7.1 Inter-provincial collaboration is necessary to establish a national system for reporting disciplinary actions against nurses. Given the diversity of legal frameworks regulating nurses across Canada, such an initiative is very complex and would take time to develop and implement. The Ministry continues to work with the CNO on how best this can be implemented. CNO and other Canadian regulators have committed to implementing a national database for sharing nurse registration and discipline information across jurisdictions. NURSYS Canada is a national project	Still need implementation on the national level and with American counterparts. (Aug. 2025)

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their provincial and territorial counterparts to: • explore a national system for provincial and territorial nursing regulatory bodies to report their disciplinary actions; and • put in place an effective process that will ensure that all places of past employment and disciplinary records from other jurisdictions for each nurse are in its database, including records from US nursing databases.	under the joint-leadership of the BC College of Nurses and Midwives (BCCNM) and CNO. They have partnered with the National Council of the 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. The Regulated Health Professions Act (RHPA) already requires that nurses in Ontario to file a report with the CNO if there has been a finding of professional misconduct or incompetence made against the nurse by another body that governs a profession inside or outside of Ontario. 7.2 The Ministry will continue to work with the CNO to ensure the requirement is communicated to all nurses. CNO's By-Laws require nurses to report any change in their employment information to the College within 30 days of the change. CNO has communicated it is the nurse's responsibility to update this information on CNO's webportal "Maintain Your Membership" throughout the year, not just during renewal. CNO also provides a self-reporting form to indicate disciplinary records from other jurisdictions. The public register includes practice information such as: - restrictions imposed by a lawful authority, - restrictions imposed by another regulatory body, and - findings in another regulatory body. 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 (NCSBN).	

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Recommendation #8: "To better inform employers in their hiring decisions and protect patients from the risk of harm, we recommend that the Ministry of Health assess for applicability in Ontario the actions taken by US states 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."	Preliminary research has begun for a jurisdictional review to assess OAGO recommended actions in other jurisdictions for applicability in Ontario. However, progress has been delayed due to the ministry and hospital sector's response to COVID-19. A jurisdictional questionnaire was developed and issued to provinces and territories. Five provinces or territories submitted their responses to the questionnaire. The jurisdictional scan component related to this recommendation has been completed.	1. Contrast and compare responses from jurisdictional scan. (July 2021) 2. Conduct internal consultations and engage with external stakeholders as required. (Sept 2021) 2. Develop options. (Dec. 2021)
Recommendation #9: "In the interest of patient safety and in order for hospitals and agencies to hire nurses fully aware of their past employment and performance history, we recommend that the Ministry of Health explore means to: • enable hospitals and agencies to provide and receive truthful references and information to make informed nursing hiring decisions; and • require these organizations to disclose such information when it is requested by a prospective employer."	Due to competing priorities and COVID-19 responses an opportunity has not been available to examine the RHPA in this regard. As part of continuing to improve transparency and increase information-sharing between employers and the health regulatory colleges, the College of Nurses of Ontario (College) and the Ministry have worked to add information about a nurse's employers from the past three years on the College's public register so that employers (including hospitals and agencies) have a reliable way to obtain employment information about nurses. The College has also worked to include all current employers on the public register. Since many nurses have more than one employer, this will provide a more accurate picture of a nurse's employment.	The Act provides a regulation that permits the government to prescribe purposes for which disclosures can be made under clauses 36(1)(d.1) and (d.2) 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 this opportunity. (Feb. 2023)

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Recommendation #10: "So that hospitals can make optimally informed hiring and staffing decisions, we recommend that the Ministry of Health require all hospitals in Ontario to: • perform criminal record checks before hiring nurses and other health-care employees; and • periodically update checks for existing staff.	Preliminary research was undertaken to support a formal provincial jurisdictional review, but progress has been delayed due to the ministry and hospital sector's response to COVID-19. A jurisdictional questionnaire was developed and issued to provinces and territories. Five provinces or territories submitted their responses to the questionnaire. The jurisdictional scan component related to this recommendation has been completed.	1. Contrast and compare responses from jurisdictional scan. (July 2021) 2. Conduct internal consultations and engage with external stakeholders as required. (Sept. 2021) 3. Develop options. (Dec. 2021)
Recommendation #11: "To enable hospitals to take timely action to improve patient safety, we recommend that the Ministry of Health explore means 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."	Policy analysis and consultation plans remain in progress. The ministry is in process of completing a jurisdictional scan, literature review, consultations with key stakeholders, and the development of options through its implementation plans. Progress has been delayed due to the ministry and hospital sector's response to COVID-19. A cross jurisdictional search of the available grey literature was conducted on physician hospital appointment, re-appointment, termination, dismissal, remediation, restrictions and appeals. A questionnaire was developed and issued to provinces and territories. Three provinces/territories have submitted their responses to the questionnaire. The jurisdictional scan component related to this recommendation has been completed.	1. Contrast and compare responses from jurisdictional scan. (July 2021) 2. Conduct internal consultations and engage with external stakeholders as required. (Sept. 2021) 3. Determine appropriate next steps. (Dec. 2021)
Recommendation #12: "To improve patient safety, we recommend that the Ministry of Health: • review the Accreditation Canada hospital reports and identify areas where hospitals may consistently not be	The ministry has included patient safety as a priority in the 2020-2021 and 2021-2022 Ontario Health Mandate Letters. However, more work needs to be done in collaboration with Ontario Health in order to ensure that these specific recommendations are addressed within the agency's mandate. Ontario Health updated its publicly reported indicators on hospital patient safety through 2020/2021 (on the Health Quality Ontario platform) and	Work 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. (Mar. 2021) Ontario Health is reviewing its health system performance and quality reporting structure and is taking these recommendations into account during this process.

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meeting required patient safety practices and high-priority criteria; and • follow up with hospitals in respect of problem areas to confirm that actions are taken to correct deficiencies."	continues to work with the MOH to improve the hospital patient safety reporting. Ontario Health, via the Health Quality Ontario platform, publicly reports on medication safety. The data was updated to include the most recent year of data available. https://www.hqontario.ca/System-Performance/Hospital-Patient-Safety https://www.hqontario.ca/System-Performance/Primary-Care-Performance/Medication-Review	(Mar. 2022)
Recommendation #14: "To reduce the risk of medication errors and readmissions to hospital, we recommend that the Ministry of Health: • require hospitals to complete medication reconciliation for all patients; • require hospitals to include medication reconciliation in their Quality Improvement Plans; and • 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."	In 2020-21, Ontario Health has developed a Quality Standard on Medication Safety which will support practitioners in hospitals and other care settings in their efforts to reduce errors and risks related to medication use/ administration. The Medication Safety Quality Standard was publicly released in March 2021. qs-medication-safety-quality-standard-en.pdf (hqontario.ca)	As part of the annual QIPs process, the ministry and Ontario Health discuss the inclusion of new QIP indicators for hospitals. The QIP program is currently paused due to COVID-19, so discussions about QIP indicators have been on hold. However, once resumed, the ministry and Ontario Health will discuss the inclusion of a medication safety indicator within hospital QIPs. (Mar. 2021) Ontario Health will work in collaboration with the ministry undertake consultations, indicator development and provide new guidance to health sector organizations in order to potentially include this new requirement for 2022-23 QIPs. (Mar. 2022)
Recommendation #17: "To improve patient safety with respect to medication administration and where a compelling business case for cost-effectiveness can be made, we recommend that the Ministry work with hospitals toward the	Progress delayed due to COVID. While the ministry is prepared to issue a communication to the sector urging hospitals to consider the cost effectiveness of moving toward the automation of pharmacy-related tasks, MOH does not feel it is appropriate to issue such a communication at this time. MOH recognizes that hospitals are focused on responding to COVID-19 while managing financial and operating pressures related to the pandemic, and feels it would be poorly received by the sector due to the	Send letter to Ontario hospitals encouraging hospitals to work with their partners to consider the cost-effectiveness of moving toward the automation of pharmacy-related tasks as part of their annual capital planning process. (TBD upon end of pandemic third wave)

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automation of pharmacy related tasks."	inherent associated costs to hospitals to implement this recommendation.	
Recommendation #22: "So that patients with a life- or limb-threatening condition receive timely care from the closest hospital, we recommend that the Ministry of Health leverage learned lessons from hospitals that utilize "command centres" and work with CritiCall toward the development of a provincial bed command centre.	N/A The ministry has considered the recommendation to develop a provincial bed command centre and does not support this recommendation given CritiCall Ontario already has efficient and effective processes in place to ensure Ontario patients can access the urgent and emergent care they need as close to home as possible. 1) CritiCall Ontario's provincial initiatives already ensure that urgent/emergent and critically ill patients, including those with life-or-limb-threatened conditions, receive timely care from the closest hospital that can provide the appropriate level of care via the following initiatives: • Physician to physician referral and coordination service for patients requiring a higher level of care • Coordination and transport facilitation for all Life or Limb patients in Ontario (with work underway to expand transport facilitation to urgent/emergent patients). • 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 PHRS Repatriation Tool, an electronic tool used by hospitals to initiate and track requests for patient transfer, supports efficient and timely repatriation back to home hospital. 2) CritiCall is beginning Admission/ Discharge/ Transfer (ADT) automation of acute care bed boards and occupancy information from hospitals directly into the PHRS. This will eliminate the	N/A (Timeline - will not be implemented)

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	requirement for manual reporting into the PHRS for ADT-enabled hospitals. This near-real time information will further support timely patient transfers by allowing speedy and accurate identification of available beds across the province. 3) 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 coordinate and track planning efforts and patient movement in near real-time.	