

Patient Safety Plan

2022-2024



Patient Safety Plan Objectives:

South Huron Hospital Association is committed to using best practices ensuring optimal patient outcomes. To assist us in fulfilling this commitment, SHHA has adopted the Health Quality Ontario's definition of a high-quality health system and uses the Canadian & Patient Safety Framework, and the ultimate aims are:

- Improving key quality and safety areas
- Reducing unwarranted care variation
- Strengthening the delivery of high-quality health services that improve patient experiences and outcomes

Our Commitment to Patient Safety

South Huron Hospital Association is committed to a comprehensive approach to improving healthcare quality and patient safety by aligning with our Mission, Vision, and Values, creating an environment that supports a dynamic, proactive, and safe culture for patients, family members, visitors, and employees, through continuous learning and improving patient safety policies, systems, and processes.

At South Huron Hospital Association patient safety and quality improvements are key strategic priorities. The importance of patient safety is reflected in our vision and strategic plan Our Board of Directors has established a Quality Committee of the Board that ensures that requirements from the Hospital Management Regulation as it relates to quality are met. This committee meets quarterly, and reviews patient safety related indicators and issues as well as overseeing the preparation of our annual Quality Improvement Plan (QIP).

VISION MISSION VALUES

Our VISION

To improve the overall health and well-being of our communities through being a leader and working with partners in an integrated and sustainable rural health care system.

Our **MISSION**

As your healthcare partner close to home, dedicated to quality and safe patient care we will:

- Treat everyone with respect, compassion and dignity
- Place patients and families as a core focus
- Build a workplace environment where all staff, physicians and volunteers feel valued and have opportunities to grow
- Strengthen and expand our relationships with stakeholders and health care partners
- Demonstrate our social responsibilities and good stewardship of all resources

Our **VALUES**

Which Translate Into Actions

CARING – We will provide excellent care, and make our patients, staff, physicians and volunteers feel cared about.

ACCESSIBLE – We will overcome barriers, and work to ensure our patients have care “close to home”.

RESPONSIVE – Working hard to reduce wait times for services. We want our communities to know they can find help with their questions and concerns about their care.

INTEGRITY – We will make ethical decisions, embrace positive change, and face challenges with the intent to make the system better for those we care for.

NETWORKING – We will build strong collaborative relationships that provide our communities with health promotion strategies and solutions that are understandable with transitions that are seamless and easy to navigate

GROWTH – We will be good stewards of our resources, with worthwhile growth objectives and goals that stretch our physicians, staff and volunteers to reach their full potential as we strive to achieve our vision and mission

In support of our mission, vision, and values, South Huron Hospital Association's Patient Safety and Quality Improvement program promotes:

- Collaboration of healthcare, leadership, medical staff, and other healthcare providers to deliver integrated and comprehensive high quality healthcare.
- Communicate honestly and openly to foster trusting and cooperative relationships among healthcare providers, staff members, and patients and their families, to ensure accountability for the patient safety priorities.
- Preservation of dignity and value for each patient, family member, employee, and other healthcare providers.
- Responsibility for every healthcare related decision and action.
- A focus on continuous learning and improving, system design, and the management of choices and changes, bringing the best possible outcomes or performances to the facility.
- Incorporation of evidence-based practice guidelines to deliver high quality healthcare.
- Education of staff and physicians to assure participation of healthcare providers

Our Strategic Plan

Together we want to:

1. Improve access to family health care

- Increase timely access to primary care
- Find innovative ways to engage various health care services
- Prevent unnecessary visits to the Emergency Room
- Help patients find the right mental health care services

2. Drive safety through evidence-based practice

- Improve strategies to prevent and manage infection control, falls and fall related injuries, and adverse drug events.

3. Improve the care journey for those who need health services most

- Work with patients with complex medical conditions and needs to develop strategies which help them navigate the system
- Enable people to manage their own health

4. Increase the value of our health care system for the people we serve

- Lead improvements in quality care close to home
- Be a leader in developing and managing our resources

5. Engage communities and stakeholders

- Develop and improve communication and engagement strategies
- Increase, where appropriate, connections between stakeholders (staff, communities, Local Health Integration Network, leaders)

Our Plan for Patient Safety

Through analysis of patient safety risks and based on evaluation of risk event incident reports, SHHA has identified the priorities, required actions, accountabilities and timelines for completion of our Patient Safety Plan.

Our Patient Safety Plan is designed to improve patient safety, reduce risk and respect the dignity of those we serve by assuring a safe environment. Effective health care risk reduction requires an integrated and coordinated approach, including identified and deliberate activities implemented to contribute to the maintenance and improvement of patient safety.

This plan will outline our vision to partner to create a culture of quality and patient safety to provide exemplary care through learning, collaboration and inquiry. While this plan provides a framework for action as we chart the next chapter in our quality journey, we are committed to ongoing dialogue and co-creation of initiatives with patients and families.

Finally, we are confident that the priorities and commitments identified will provide clearer direction and further leverage our partnership with patients and their families to optimize quality and patient safety at SHHA.

Foundational Patient Safety Activities:

Safety Programs:

- Antimicrobial Stewardship Program
- Accreditation Canada
- Preventative Maintenance Program
- Infection Prevention and Control Program
- Emergency Operations Committee (EOC)
- Immunization Programs

Quality Indicators of Patient Safety

- Healthcare Associated Infections
- Patient Safety Incident Reporting, Analysis, Trends and Action
- Medication Reconciliation at Care Transitions
- Pressure Ulcer Prevention
- Venous Thromboembolic Prophylaxis

Data from Environmental Safety Issues

- Drug recalls
- Product recalls
- Disaster planning and preparedness
- Workplace violence
- Product/Equipment malfunction
- Vanessa's Law (protecting Canadians from Unsafe Drugs Act)

Data from External Sources

- Canadian Institute for Health Information (CIHI)
- Accreditation Canada Required Organizational Practices (ROPs)
- Health Quality Ontario (HQO)
- Institute for Healthcare Improvement (IHI)
- Ontario College of Pharmacists Accreditation (OCP)
- Laboratory Accreditation, Institute for Quality Management in Hospitals (IQMH)

Key Outcomes:

1. Foster a culture of patient safety
2. Key stakeholders are engaged
3. Awareness is demonstrated through all communication
4. Performance is measured
5. Staff and patients impacted by medical error are supported
6. System/procedures are evaluated and redesigned to improve reliability and prevent incidents
7. Feedback management results in improved safety, quality and satisfaction.

Our Aim

Over the next two years (2022-2024), our organization is committed to dedicating resources toward the following improvement initiatives:

- Staff and physician onboarding and orientation, education, and continued learning
- Leadership development training for all leaders, to promote a positive change culture, driven by quality and innovation
- Improving patient safety at care transitions
- Medication reconciliation at care transitions, with a focus on error reduction through repatriation
- Enhanced written and verbal information provided on discharge
- Falls reduction and referral in ambulatory care areas
- Timely access to the right care, at the right time, in the right location, client flow.
- Reducing client identification related errors

Patient Safety Priority/Required Organizational Practices (ROP)	Objective	Planned Initiatives	Outcome Measure(s)	Target	Accountability
<p>To promote safety and best practice and inclusivity of patient/caregivers, through targeted communication methods used during the exchange of information at care transitions.</p> <p>ROP: Information Transfer at Care Transitions</p>	<p>To minimize risk of misinformation during transitions of care, and to promote client safety and continuity of care during transfer of accountability.</p>	<p>Goal 1: Update policy to align with current best practices, and which include the patient/family in the</p> <p>Goal 2: to evaluate and redesign tools which support best practice, and encourage patient/family communication during transitions in care</p> <p>Goal 3: Minimize the risk of miscommunication during care transitions though including patient/family and ensuring</p>	<p>Outcome 1: Policy Updated</p> <p>Outcome 2: Tools utilized reflect current best practice, include patient and promote exchange of information at transition</p> <p>Outcome 3: transition from taped “one way” reporting structure, to verbal two-way “exchange of information” at care transitions</p>	<p>May 2022</p> <p>Sept 2022</p> <p>Jan 2023</p>	<p>To complete verbal exchange of information at all transitions of care.</p> <p>To promote and model a culture of safety, which includes the patient/family as an active participate in their own care</p> <p>To ensure complete transfer of accountability (TOA) per hospital standards, including documentation of TOA at all transitions of care.</p>

		exchange of information between care providers			
Reduce the rate of patient falls resulting in injury occurring in both inpatient and outpatient (ambulatory care) areas. ROP: Falls Prevention	To identify dedicated resources to falls and injury reduction, to ensure a sustainable, evidence driven approach to reducing falls.	<p>Goal 1: Develop an organizational prevention policy, inclusive of inpatient and ambulatory care areas</p> <p>Goal 2: Implement and Evaluate an Ambulatory Care Falls Prevention Strategy</p> <p>Goal 3: Develop Falls Prevention Committee Terms including Reference and Accountability Structure</p> <p>Goal 4: Provide quarterly reports to the Quality and Patient Safety Committee from the Falls Prevention Committee</p>	<p>Outcome 1: Policy completed</p> <p>Outcome 2: Establish Ambulatory falls prevention initiative</p> <p>Outcome 3: working committee will be established</p> <p>Outcome 4: effectiveness of committee will be evaluated in relation to falls outcome trends through auditing and reporting structures</p>	<p>Aug. 2022</p> <p>Sept. 2022</p> <p>Dec 2022</p> <p>April 2023</p>	<p>Falls risk assessment implement prevention strategies.</p> <p>Reporting of all patient falls incidents including near misses in risk management system (RL6), reviewed by multidisciplinary team</p> <p>Investigating, monitoring, reporting and sharing of patient safety data reports</p> <p>Falls reporting reviewed at quarterly quality committee.</p>
Provide patients with timely access to inpatient care, and to reduce ED overcrowding. ROP: Client Flow	To ensure accountability of responsible bed management, to implement a strategic approach to ED overcrowding, and facilitate access to the right care at the right time, in the right place.	<p>Goal 1: Develop policy to support patient flow out of the emergency department, when a different level of care need has been identified.</p> <p>Goal 2: Develop robust surge protocols and practice protocols to effectiveness</p>	<p>Outcome 1: Patient flow policy developed</p> <p>Outcome 2: Surge protocols review and practiced</p>	<p>Sept 2022</p> <p>Nov 2022</p>	<p>Report at Quality Committee, outcomes measures, including review and evaluation of current bed utilization and mitigation strategies.</p> <p>Ensure patients have access to the most appropriate bed type and care.</p> <p>To continue to seek and review feedback to redesign and modify patient flow to meet the needs of the current population.</p>
Minimize patient harm resulting from medication discrepancies at the time of care transitions of repatriation	To reduce error and risk occurring at transitions of care during	Goal 1: Evaluate incidents in relation to errors occurring during care transitions, and update policy to address gaps	Outcome 1: Root cause analysis used to identify and address errors related to	Dec 2022	Reporting of patient safety incidents via RL6 incident management system

<p>ROP: Medication Reconciliation at Care Transitions</p> <p>ROP: Medication Reconciliation as a Strategic Priority</p>	<p>medication reconciliation.</p>	<p>Goal 2: Complete evaluation of medication reconciliation errors occurring during care transitions, and implement education, review and resources to prevent errors.</p>	<p>repatriation medication reconciliation errors</p> <p>Outcome 2: Implement education initiatives targeted to address gaps and reduce errors</p>	<p>Sept 2023</p>	<p>Recognize role in medication safety and the risks associated with medication reconciliations at care transitions</p> <p>Investigate monitor and share medication related safety data with an interdisciplinary team.</p> <p>Analyze and develop mitigating strategies</p>
<p>Reduce the risk of client misidentification of patients presenting for treatment or procedure, including labelling of specimens.</p> <p>ROP: Client Identification</p>	<p>For the provision of any service or procedure at least two person-specific identifiers are used to confirm that the correct patient is identified.</p>	<p>Goal 1: Policy update</p> <p>Goal 2: To develop and implement safeguard for flagging sound alike/look alike names</p> <p>Goal 3: Provide origination wide education to ensure that all staff are provided with education on utilizing two person-specific identifiers to confirm identity</p> <p>Goal 4: Audit compliance and, based on findings, determine strategy to improve compliance</p>	<p>Outcome 1: Policy Approval</p> <p>Outcome 2: Implementation and education of “name alert”</p> <p>Outcome 3: Training of staff, in all clinical areas</p> <p>Outcome 4: Auditing of clinical practice areas to ensure conformance</p>	<p>April 2022</p> <p>April 2022</p> <p>Jan 2023</p> <p>Ongoing July 2023</p>	<p>Policy development and implementation of name alert procedure</p> <p>Investigating monitoring, auditing and reporting outcome results</p> <p>Scanning and labelling data analysis and mitigation strategies</p> <p>Recognize the importance of proper client identification and role in safety</p>
<p>Develop a coordinated reporting structure to support leader review of patient safety incidents</p>	<p>Develop a structure to ensure regular review and analysis of patient safety incidents, in the area of occurrence and in collaboration with all clinical areas</p>	<p>Goal 1: Develop monthly patient safety incident reports to share with clinical leaders to provide data and evaluation within clinical care teams</p>	<p>Outcome 1: utilizing incident management system, incident types and trends to be reported monthly per incident management system reporting.</p>	<p>Dec 2022</p>	<p>Encouraging staff to report patient safety incidents, developing mitigation strategies and sharing data to drive quality care</p>

<p>ROP: Patient Safety Incident Management</p> <p>ROP: Patient Safety Quarterly Reports</p>		<p>Goal 2: Develop quarterly patient incident reviews/reports that identify and investigate corporate patient incident trends</p> <p>Goal 3: Implement monitoring structure for recommendations that result from patient incident reports</p>	<p>Outcome 2: patient safety incidents reviewed quarterly and report provide to Board Quality Committee</p> <p>Outcome 3: All clinical area leaders review incidents with care teams, apply intervention strategies for risk reduction/mitigation</p>	<p>April 2022</p> <p>Sept 2023</p>	<p>Sharing of incident analysis information, trends and mitigation strategies across the organization.</p>
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References

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