



Perth and
Smiths Falls
District Hospital

Patient Safety Plan 2021-2022



PATIENT SAFETY PLAN

INTRODUCTION

The Perth and Smiths Falls District Hospital (PSFDH) has established a strong commitment to Patient Safety and Quality. Our Patient Safety Program is designed to align and support our mission, vision and values and our philosophy of patient and family centeredness.

PSFDH has adopted Quality Improvement Initiatives through Health Quality Ontario, the Patient Safety Institute, The Institute for Safe Medication Practices, Accreditation Canada's Required Organizational Practices (ROP's) and the Canadian Patient Safety Institute's safety compliances as key drivers for Patient Safety in the organization.

Educating healthcare providers about patient safety and enabling them to use the tools and knowledge to build and maintain a safe system is fundamental to creating a culture of safety across the spectrum of care. Appropriate policies and procedures have been developed, implemented and evaluated to meet these requirements. The primary focus of this plan is on preventing harm, and promoting the safety of all patients, visitors, volunteers and health care workers.

The PSFDH supports the utilization of the Canadian Patient Safety Institute Framework of Six Domains. These domains support moving patient safety evidence into action to strengthen its content with advancements in collective knowledge that include patient/family partnership, leadership, quality improvement and cultural competency concepts (Canadian Patient Safety institute, 2020).



Safety Competencies Framework Domains:



1. Patient safety culture where healthcare providers, employees & volunteers are able to;

- Contribute to the establishment and maintenance of a just culture
- Advocate for an improved patient safety culture
- Contribute to the continuous improvement of a safety culture



2. Teamwork where healthcare providers, employees & volunteers are able to;

- Meaningfully partner with patients and families, enabling them to be a key members of their interprofessional teams
- Respect the professional, patient and family roles and responsibilities within the interprofessional team and integrate this delivery seamlessly into service delivery
- Be vigilant of interprofessional team dynamics to optimize patient safety, quality of care, and health outcomes
- Demonstrate shared authority, leadership and decision making
- Communicate in a respectful and responsive manner
- Work effectively with all members of the interprofessional team and promote understanding, manage differences and resolve conflict.



3. Communication where healthcare providers, employees & volunteers are able to;

- Demonstrate effective verbal and non-verbal communication skills to promote quality and patient safety
- Demonstrate effective clinical documentation for patient safety
- Communicate to prevent high risk patient safety threats
- Employ health care technology to provide safe patient care



4. Safety, Risk and Quality Improvement;

- Anticipate, identify, reduce and mitigate hazardous and routine situations and settings in which safety problems may arise.
- Systematically identify, implement and evaluate quality improvement interventions for patient safety
- Sustain quality improvement and safety practices at a local and system level.



5. Optimize human and System Factors;

- Describe the individual and the environmental factors that affect human performances
- Apply critical thinking techniques to enhance safe decisions and outcomes
- Discuss the impact of the human/technology interface on patient safety
- Recognize that human factors are a diverse set of system elements that must be considered in an integrated manner to improve patient safety and prevent and mitigate hazards



6. Recognize, respond to and Disclose patient safety Incidents

- Recognize patient safety incidents
- Engage with patients and families affected by patient safety incidents to meet their needs
- Disclose patient safety incidents
- Learn from patient safety incidents
- Professionally and constructively cope with the emotional stress of being involved in a patient safety incident
- Leadership roles support patients, families, healthcare providers involved in a patient safety incident.

PSFDH's Commitment to Quality and Patient Safety

1. Structures that support Patient Safety

At the PSFDH patient safety and quality improvements are key strategic priorities. The importance of patient safety is reflected in our vision and Strategic Plan and is embedded into the job descriptions of every employee and in the commitment descriptions of volunteers of the PSFDH. There are a number of integral and connected structures at PSFDH that address Patient Safety.

a. Board of Directors and the Quality Committee of the Board

The PSFDH Board of Directors is legislated to be responsible for patient safety, protection, and the quality of care. As mandated by the Excellent Care for All Act, the Board must establish a Quality Committee of the Board that ensures that requirements of the Hospital Management Regulation as it relates to quality are met. This committee meets on average eight to nine times per year, and reviews patient safety related indicators and issues as well as oversees the preparation of our annual Quality Improvement Plan (QIP). PSFDH includes and involves our patient partners on the Quality Committee of the Board to ensure we capture the voice of the patient.

b. Senior Leadership Team

The PSFDH Senior Leadership Team are stewards of quality and patient safety across the organization and are delegated this responsibility by the Board. This deep commitment, coupled with their endorsement and support enhances a culture of excellent care and quality improvement.

c. Ethics Committee

The Ethics Committee ensures that ethical issues are considered through the PSFDH Framework Supporting Ethical Practice. The PSFDH may engage a clinical ethicist to promote reflective practice, examine ethical principles, advise regarding policies and procedures and provide guidance on ethically challenging situations. Patient partners are included in the work of the Ethics Committee to ensure the perspective of the patient is captured.

d. Patient, Family and Staff Experience Framework

The patient's experience of care is integral to how the PSFDH approaches the provision of safe healthcare. The PSFDH endeavors to incorporate the voice of the patient by including Patient partners in our committees and improvement teams. Patient partnership is important through all stages of work, from planning through to evaluation.

The PSFDH is committed to seeking feedback from patients, family members/caregivers, and staff that contributes to a culture of exceptional patient, family and staff experiences. The PSFDH views observations, compliments, personal experiences, complaints and/or concerns from patients, families/caregivers and visitors, as valued sources of information regarding the perception of the patient environment, and the quality of the services and care provided. Staff feedback helps us focus on processes that will improve quality of work life.

e. External Partnerships

The PSFDH is committed to addressing Patient Safety at the system level, including working with our regional healthcare partners to develop a comprehensive Ontario Health Team that is capable of addressing patient safety and improving the quality of care. The PSFDH will continue to explore opportunities to address system-level patient safety concerns through the collaborative Accreditation Canada and Quality Improvement Plan initiatives. The PSFDH demonstrates the prioritization of patient safety by supporting our external partners in times of need such as outbreaks and when critical demands outstrip available resources, and in supporting the more vulnerable populations in our communities

2. PSFDH Internal and External Mechanisms to Drive Patient Safety

a. Internal: Annual Quality Improvement Plans

Quality Improvement initiatives are included as annual objectives of PSFDH's Strategic Plan and measured and reported quarterly in the corporate dashboard to disseminate our performance in quality and patient safety achievement at all levels of the organization. This year the formal QIP has been put on hold due to Covid but internal quality improvement metrics continue with each department.

b. Internal: Commitments to Our Communities

Commitments to our communities is part of PSFDH's Strategic Plan and annual objectives are developed to address key priorities within our Guiding Principles of People, Performance and Partnerships. Each objective has a defined action plan that includes indicators, milestones and regular status updates. Priorities continue to focus on Patient Flow, Workplace Violence Prevention, Wellness and development of the Lanark Leeds & Grenville Ontario Health Team model.

c. Internal: Integrated Risk Management

Integrated risk management promotes continuous, proactive and systematic processes to understand, manage and communicate risk from an organization-wide perspective in a cohesive and consistent manner. Strategic decision-making is supported that contributes to the achievement of the organization's overall objectives. Utilizing LEAN methodologies such as risk identifies tracks and monitors associated risks within PSFDH's operations by determining the probability of a risk occurring multiplied by the impact should that risk occur. The resulting risk scores inform priorities for action to mitigate risk.

d. Internal: RL6 Patient Safety Incident System Incident reporting and management

RL6 is the cornerstone of patient safety at PSFDH. It is the responsibility of all staff and affiliates, who observe, are involved in, or are made aware of an adverse event or near miss to ensure the incident is reported. Our RL6 system supports the documentation and tracking of patient safety incidents, findings, recommendations and actions/improvements. The RL6 system also allows for reporting of and follow through on feedback from staff, patients and caregivers. Our Patient Relations Office manages the Feedback reports to ensure timely response and follow-up, track and trend feedback themes and inform quality improvement opportunities.

e. Internal: Ongoing Patient Safety Initiatives

Ongoing patient safety programs and initiatives at PSFDH include;

Safety Strategies

- Huddles
- Discharge Rounds
- Quality Safety Metric Boards
- Patient Oriented Discharge (PODS)
- Choosing Wisely
- Hand Hygiene Audits
- Patient Family Advisory Council
- Reporting of Severe Adverse Drug Reactions and Medical Device Incidents under Vanessa's' Law
- Critical Care Indicators for Antibiotics Resistant Organisms, Special Care Plans, High Risk Exposures
- Leadership Rounds
- Bedside Transfer of Accountability (TOA) and Standardized Shift Report
- Program Councils
- Orientation
- Patient Experience Surveys
- Rounding – Staff and Patient
- Scheduled and Just-in-time clinical education to reinforce professional practice and reduce patient harm
- Beside Medication Verification
- Better Outcomes Registry & Network (BORN)

Quality indicators of Patient Safety:

- RL6 Occurrence Reporting (Medication Safety, Falls)
- Medication Reconciliation at Care Transitions
- Healthcare associated infections
- Surgical Site Infections
- Surgical Safety Checklist
- Pressure ulcers
- Transfusion reactions/blood/blood product administration
- Use of Restraints
- Employee Safety
- Venous Thromboembolic Prophylaxis (VTE)
- BORN - Key Performance Indicator Dashboard

Safety Programs:

- Immunization Programs
- Emergency Preparedness Committee
- Infection Prevention and Control Program (Including Hand Hygiene and PPE Support)
- Antimicrobial Stewardship Program
- Accreditation Canada
- Preventative Maintenance Program
- Joint Health & Safety Committee
- BORN

Data from Environmental Safety Issues:

- Product Recalls
- Drug Recalls
- Product/Equipment Malfunction
- Air Quality
- Security Incidents (RL6)
- Workplace Violence (RL6)

f. Internal: Ongoing Staff Safety Initiatives

The Violent behavior Flagging Program is designed to monitor, flag, and mitigate patient behaviours that meet the criteria of potential or actual violence in the workplace. The Violence Assessment Tool determines the risk of potential or actual violent behaviour. The flagging is visible in the patient care environment and within key care documents, both electronically and in hard copy, and serves to protect the individual patient, PSFDH staff and other patients.

g. External – Accreditation Canada Required Organizational Practices (ROPs)

Examples of PSFDH's performance related to the six Patient Safety Areas of ROPs include:

Safety Culture

- Measuring quality indicators at different levels throughout the organization
- Program Committees focus on quality of care and patient safety
- RL6 system to report and track incidents for our patients and staff
- Integrated Risk Management system (LEAN Methodology) to assess risk in the organization
- Surgical Safety Checklist before and after the procedures

Communications

- Sustainment of Medication Reconciliation on Admission and Discharge
- Transfer of Accountability (TOA) and Standardized Shift Report
- Staff and Patient Rounding
- Huddles
- Quality Safety Metric Boards
- Secure platform allowing patients access to their Diagnostic Imaging Record
- Patient Oriented Discharge Summary (PODS)

Medication Use

- 90 Day Medication reviews on long term patients
- Audits of VTE (Venous Thromboembolism Prophylaxis)
- Antibiotics prophylaxis in surgery
- Audits of safety reports for medication incidents and Do Not Use abbreviations
- Infusion pump training, evaluation of competence and monitoring of reports

Infection Prevention and Control

- Ongoing monthly hand hygiene data collection with report mid-month
- Orientation and education of staff, patients and families on hand hygiene practices and Personal Protective Equipment (PPE)
- Healthcare Associate Infections (HAI) investigating, monitoring and reporting to staff and patient

Risk Assessment

- Falls and Medication errors reported and tracked in RL6 system
- Quality Reviews and Quality of Care reviews(Under Quality of Care information Protection Act (QCIPA) for high risk and critical incidents
- Integrated Risk Management Program Development (LEAN Methodology)
- Risk Assessments for Falls, pressure injuries and Medication Reconciliation

Worklife/Workforce

- Workplace Violence Prevention: Critical Care Indicators Flagging Program for potential and actual violent patient behavior
- Non-Violent Crisis intervention Program Training for all staff (orientation and ongoing)
- EPA Programs and Education

h. External – Other Accreditation

Accreditation Canada – PSFDH is identified as a fully Accredited Hospital by Accreditation Canada with Exemplary status.

Patient safety is enhanced by ensuring our laboratory diagnostic testing and pharmacy standards, policies and procedures are upheld. The PSFDH Laboratory, mammography and echocardiography programs are regularly assessed and accredited by the Institute for Quality Management in Hospitals (IQMH).

Their mission is to elevate the integrity of the medical diagnostic testing system by providing rigorous, objective, third-party evaluation according to international standards.

The Ontario College of Pharmacists has an accrediting arm that is tasked with ensuring the PSFDH pharmacy meets the requirements as outlined in the Drug and Pharmacies Regulation Act (O.Reg.264/16).

In addition to internal sources of data, PSFDH utilizes the data and information from the following sources to inform our quality and patient safety initiatives and advance our performance:

- Health Quality Ontario (HQO)
- Canadian Institute for Health Information (CIHI)
- Institute for Safe Medication Practices (ISMP)
- Accreditation Canada Required Organizational Practices (ROPs)
- Occupational Safety and Health Administration (OSHA)
- Institute for Healthcare Improvement (IHI)
- Foundation for Health Care Improvement • Health Care Management (HCM)
- IPAC resources/accreditation

As an organization, PSFDH holds itself accountable both through our internal structures and with our external partners. Performance at the unit and program levels is dually reported and actioned with internal committees with subsequent reporting to the Board. Accountability to our external partners is demonstrated through such mechanisms as operational strategic plan, balanced scorecard, joint initiatives, reporting of key performance indicators to regional and provincial bodies, and achievement of and adherence to standards and Required Organizational Practices of various accreditation bodies

Scope of the 2021-22 Patient Safety Program

Quality Indicators (QIs) of Patient Safety are standardized, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes, highlight potential quality improvement areas and track changes over time. 2021/2022 priority goals include:

- ✓ Overall Patient Survey Results
- ✓ ED length of Stay for admitted and non-admitted patients
- ✓ Trillium Gift of Life reporting rate
- ✓ Ed left Without being seen rates
- ✓ In patient fall rates
- ✓ Quality Based procedure Completion Rates
- ✓ Medication Reconciliation Completion
- ✓ Obstetrical & Surgical Services Survey rates
- ✓ Infection Prevention & Control Admission swabbing rates

The patient safety plan that has been developed for the PSFDH is directly aligned with the operational strategic plan as well as the balanced scorecard. Determining the quality indicators for the year was determined through a quality review of each area. The focus of the chosen quality indicators are specific to PSFDH and the internal quality improvement plan that was developed corporately and are not based on the mandatory indicators usually directed by Health Quality Ontario as the provincial Quality Improvement plan was placed on hold this year due to Covid 19.

Measurement of success for the PSFDH safety plan will be monitored on a quarterly basis and reported via the balanced score card and also the operational strategic plan.