Perth and Smiths Falls District Hospital

PATIENT SAFETY PLAN

2017-2019

Patients and Families THE Heart OF Care

PATIENT SAFETY PLAN

INTRODUCTION

The Perth & 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 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. 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.

GUIDING PRINCIPLES

- ✓ All staff, physicians, volunteers, patients, patient's families and their support persons are accountable and have a role to play in patient safety.
- ✓ Patient safety is not a "stand alone" program; their accountability is rooted in practice, approach to policy, how we approach and manage adverse events for the purpose of mitigating future risk and continually improving care and service.
- ✓ Implementation of this plan is dependent on integrating validated safe practices across all departments in the hospital.
- ✓ Safety is promoted through organization culture with the goal of developing an environment that is trusting and just for all.
- ✓ A safe and secure work environment for staff, volunteers and physicians contributes to safe patient care.

OVERVIEW

PSFDH promotes an organizational safety culture that:

- Encourages recognition, reporting, and acknowledgement of risks, near misses, and patient safety events.
- Initiates/monitors actions to reduce the risk of patient safety events.
- Promotes a non-punitive just culture environment for reporting and follow-up of safety events.
- Supports staff who have been involved in a patient safety incident
- Educates staff to ensure participation in the program
- Ensures that all patients/families are informed about the results of care, including unexpected outcomes and safety incidents.
- Ensures that patients/families are aware of safety practices and expectations and feel encouraged to ask for clarification of process or procedure.

SCOPE OF THE PROGRAM

1. Quality indicators of patient safety:
    - Medication incidents
    - Hospital acquired infections
    - Patient falls
    - Pressure ulcers
    - Transfusion reactions/blood/blood product administration
    - Surgical site infections
    - Antimicrobial Stewardship Program
    - Use of restraints
    - Visitor safety
    - Employee safety
    - Immunization programs
    - Venous Thromboembolic Prophylaxis (VTE)
    - Medication Reconciliation at Admission, Transfer and Discharge
    - Safe Surgical Checklist
    - MORE Obstetrical Program

2. Data from environmental safety issues such as:
    - Product recalls/safety alerts
    - Drug recalls/safety alerts
    - Product/equipment malfunction
    - Air quality
    - Disaster planning
    - Security incidents
    - Workplace violence

3. Data from external sources such as:
    - Health Quality Ontario (HQO)
    - Institute for Safe Medication Practices (ISMP)
    - Accreditation Canada
    - Occupational Safety and Health Administration (OSHA)
    - Institute for Healthcare Improvement (IHI)
    - Institute for Patient and Family Centered Care (IPFCC)
    - National Association of Pharmacy Regulatory Authorities (NAPRA)
    - Better Outcomes Registry & Network (BORN)

Key Outcomes:

1. A culture of patient safety
2. Key stakeholders are engaged
3. Performance is monitored, measured and reported
4. Staff and patients/families impacted by patient safety incidents are supported
5. Patient Safety is aligned with the Quality Improvement Plan (QIP) and Strategic Plan
6. Systems/procedures are designed to improve reliability and incident prevention.

Responsibility:

It is the responsibility of the President & CEO, through the Manager of Quality & Risk working with all leaders to implement the plan by assigning responsibility for leading patient safety improvement activities, providing direction, and monitoring progress and outcomes.

The responsibility may be undertaken by a committee, team, staff members, or other patient safety champions.

Steps:

The next two years (2017-2019) will focus resources, energy and improvement in the following key areas as we continue to build and sustain a culture of patient safety:

- Medication Reconciliation
- NAPRA standards for sterile preparation
- Unit dose medication packaging
- Patients receiving complete and accurate information at discharge
- Reducing Chronic Obstructive Pulmonary Disease (COPD) readmission rates
- Initiatives to meet the needs of the complex, frail, vulnerable patients

Continue to Monitor:

- Antimicrobial Stewardship
- Pressure Ulcer Prevention
- VTE
- MORE Obstetrical Surveillance
- Transfusion Reactions
- Blood/Blood Products Administration
- ARO/CDI/SSI Surveillance
- Hand Hygiene Compliance
- BORN Surveillance

Priority Goals:

As part of the hospital's commitment to patient and staff safety, the following goals will be the focus of the 2017-19 fiscal years.

Medication Reconciliation			
Goal: To ensure a complete and accurate medication reconciliation (med rec) for all admitted, transferred and discharged patients			
Steps/Action	**Responsibility**	**Outcomes/Monitoring**	**Timeline**
Select a group of non-admitted patients in the Emergency Department (ED) to have med rec completed	Manger of Pharmacy, CNE, Manager of Quality,	Non-admitted COPD patients will have chart audits done	June, 2017
Embed med-rec as part of the process of care, by having it done electronically as part of ED admission process	Manager of Emergency	Electronic force function for med rec is occurring at the point of admission	Sept 2017
Secure commitment of senior leadership. VP Patient Care/ CNE is reporting on med rec at clinical and board level	VP Patient Care/CNE	100% of identified committees have med rec as a standing agenda item	ongoing
Develop medication reconciliation education program for staff on electronic platform	Staff development coordinator	80% of staff completed med rec education	May 2017

Medication Safety			
Goal: To ensure PSFDH and the pharmacy meet the NAPRA standards			
Steps/Action	**Responsibility**	**Outcomes/Monitoring**	**Timeline**
Implement unit dose system for all oral solids at PSFDH	Manger of Pharmacy, CNE,	Unit dose for all identified medications has been implemented Standards Met	Ongoing
Meet NAPRA standards for sterile preparation			Start May 2017 and complete by Jan 2019

Hand Hygiene			
Goal: To continue to improve hand hygiene compliance, thereby decreasing hospital acquired infections, keeping our patients and staff safe.			
Steps/Action	**Responsibility**	**Outcomes/Monitoring**	**Timeline**
Audits will be done on a regular recurring basis by the Infection Control Practitioners (ICP).	Manager of IPAC and ICPs	Hand hygiene rates will be reviewed monthly and reported to managers	June, 2017
Hand hygiene rates, and other infection control indicators, will be posted quarterly on White Boards for staff and public to view	Manager IPAC and ICPs	Infection control metrics will be posted four times each fiscal year	Sept 2016 and ongoing
Moment 1 (before pt care) audits will be increased on inpatient units and posted separately for staff and public to view. Units that improve month over month will be rewarded.	VP Clinical Services, Manager IPAC and ICPs	Rates posted monthly on in-patient units over a three month time frame	July 2017

Ensure patients receive enough information at discharge			
Goal: To ensure patients receive enough information at discharge to enable safe self-management of their health care upon returning to their place of residence.			
Steps/Action	**Responsibility**	**Outcomes/Monitoring**	**Timeline**
PSFDH will be a participant in Patient Oriented Discharge Summaries (PODS), a research project from the University Health Network.	VP Patient Care Services/CNE, Inpatient Manager Clinical Managers Staff Development Coordinator All nursing staff	50% of patients participating in PODS. Tracked through chart audits and the National Research Council (NRC) patient surveys	December 2017

Decreasing 30 day readmission rates for patients with COPD			
Goal: To enable the provision of all relevant information and the link to community resources for patients, so that they are able to remain in their home environment, preventing readmission to hospital.			
Steps/Action	**Responsibility**	**Outcomes/Monitoring**	**Timeline**
Steering Committee member for the SELHIN regional Chronic Frail Vulnerable (CFV) COPD initiative	VP Patient Care, CNE, Inpatient Manager	Contributor to the regional coordinated approach based upon standards and evidence of the efficacy of the INSPIRE program – best in class	January 2018
Adhere to the recommendations of the CFV COPD Steering Committee	Clinical Managers	Retrospective chart audits and telephone follow-up post implementation	January 2018
Implement the recommendations	Staff development coordinator	Round on pts and family in ED to assess compliance and clinical impacts	January 2018
Continue to contribute to the regional algorithms for care	All nursing staff Physicians	Early adopter of the recommendations. Monitor outcomes from a program and pt perspective including any financial impact	January 2018

Develop initiatives to meet the needs of the complex, frail and vulnerable patients			
Goal: To ensure we meet and exceed the needs of the complex, frail vulnerable patients, preventing or minimizing safety events			
Steps/Action	**Responsibility**	**Outcomes/Monitoring**	**Timeline**
Move to Improve A strategy implemented by PSFDH that helps to improve the health and wellbeing of the people we serve.	Inpatient Manager, Medicine, Surgery & Therapy Intensive Beds/ Senior Friendly Hospital Team Lead	Preventing functional decline in at risk seniors over the age of 65 years admitted to PSFDH.	Ongoing
PSFDH participated in first cohort in the province of Ontario's first ever Senior Friendly Hospital (SFH) Advanced Leadership Training Program.	Executive Sponsor – VP Patient Care/CNE	Through staff and patient education, signage as well as in our patient handbook, we have displayed the many benefits of mobilization such as; preventing bed sores, improved breathing and coughing, improved appetite, improved mood and sleep, less weakness, less joint pain, less loss of strength and more stable blood pressure.	November 2017
How? Assessing and mobilizing patients within the first 24 hours after admission and at least three times per day during their stay by encouraging them to; dangle their feet at the edge of the bed, sit up in a chair for their meals, use a commode or walk to the bathroom as opposed to using a bedpan, do bed exercises and/or range of motion exercises as prescribed, propel themselves in a wheelchair, or go for a walk. Any activity that prompts muscle mass and stamina, whether assistance is required or not.	VP Clinical Services Inpatient Manager, Medicine, Surgery & Therapy Intensive Beds	Measured using BARTHEL Index. Report unit specific results on a monthly basis.	
Participation in Health Links SELHIN Health Care Tomorrow clinical initiatives for pts living with COPD and hip fractures HipAttack Clinical Trial		Number of patients admitted using QBP best practice POS	
LEAD training for staff (mental health)		75% of ED staff complete training within 5 years	Starting October 2017
Gentle Persuasive Approach (GPA) training for staff		90% of staff take the "Positive Approach to Care" training	January 2018 and biannually

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Steps/Action	**Responsibility**	**Outcomes/Monitoring**	**Timeline**
<u>Falls Prevention</u>			
Falls are a major cause of injury in Canadian hospitals every year (Safe Health Now 2013). PSFDH follows the best practice guidelines from the RNAO (Registered Nurses' Association of Ontario) as well as The Ottawa Hospital program to minimize injury from falls. A documented and coordinated approach for falls prevention is implemented and evaluated.	Inpatient Manager for Medicine, Surgery and Therapy Intensive Beds VP Patient Care/ CNE	Decrease in injurious (moderate to critical) fall rate. Root cause analysis of critical patient safety incidents. Monthly unit specific incident information sharing including root cause/contributing factors	Policy and Procedure review and update July 2017. Ongoing monitoring and evaluation.
All patients, regardless of age or diagnosis are assessed for fall risk upon admission to the hospital.	All staff	Ongoing review of Best Practices.	
Policy and Procedures reviewed and updated according to program evaluation, needs of patient population and as best practice guidelines change.	Inpatient Manager for Medicine, Surgery and Therapy Intensive Beds	Effectiveness of program is evaluated regularly	Ongoing
Pharmacist Medication review of all patients in the hospital for 90 days or more	VP Clinical Services, Pharmacy Manager Chief of Staff	Monitoring/reporting of falls per 1000 Patient Days Benchmark 5.0 Falls per 1000 Patient Days.	January 2018
Develop a culture that promotes appropriate de-prescribing in frail, vulnerable patients. Stopping medications that may be causing harm or are no longer beneficial. Monitoring for adverse drug withdrawal reactions in frail vulnerable patients	Staff Development Coordinator	80% compliance through chart audits	January 2018
Promote compliance to the Beer's list		80% compliance through chart audits	January 2018