



Patient Safety Plan 2020-2021



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, 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. 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 organizational 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 members 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 (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. 2020/2021 priority goals include: Medication Reconciliation, Mental Health Repeat Visits to the ED, Palliative Care, Ensuring Patients Receive Enough Information at Discharge, Improving Patient Falls and Workplace Violence.
2. **Data from Environmental Safety Issues Such As:**
 - ✓ Patient Survey Results
 - ✓ Palliative Care Assessments
 - ✓ Medication Reconciliation Completion
 - ✓ Mental Health Visit History
 - ✓ Workplace Violence Incident Reports
 - ✓ Patient Falls
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 Patient and Family Centered Care (IPFCC)
 - ✓ National Association of Pharmacy Regulatory Authorities (NAPRA)

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 Operational Plan
6. Systems/procedures are designed to improve reliability and incident prevention

RESPONSIBILITY

It is the responsibility of the President & CEO, through the VP of Clinical Services/CNE and the Management Team 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 year (2020-2021) 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
- ✓ Patients Receiving Complete and Accurate Information at Discharge
- ✓ Completion of Palliative Care Assessments
- ✓ Tracking Mental Health Visit History in the ED
- ✓ Tracking Workplace Violence Incidents
- ✓ Tracking Patient Falls and Incident Reports

CONTINUE TO MONITOR:

- ✓ Antimicrobial Stewardship
- ✓ Pressure Ulcer Prevention
- ✓ VTE
- ✓ Hand Hygiene Compliance
- ✓ BORN Surveillance
- ✓ Nosocomial Infection Rates
- ✓ Incident Reports
- ✓ Trillium Gift of Life Network Reporting
- ✓ Patient Satisfaction Surveys

PRIORITY GOALS:

As part of the hospital's commitment to patient and staff safety, the following goals will be the focus of the 2020-2021 fiscal year:

Medication Reconciliation

Medication Reconciliation at discharge: total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.

Current Performance	Target	Change Ideas	Responsibility
75%	80%	<ul style="list-style-type: none"> ✓ Pharmacy will provide coverage on the weekends ✓ Enhance physician adoption of the medication reconciliation process ✓ Standardize new physician onboarding process for medication reconciliation ✓ Medication Reconciliation Committee to review potential opportunities for incorporating clinical pharmacists in the work flow of medication reconciliation on discharge 	Clinical Managers, Staff Development Coordinator, Manager of Professional Practice, VP of Clinical Services/CNE

Mental Health Repeat Visits to ED

Improving the percentage of unscheduled, repeat emergency visits following an emergency visit for a mental health condition.

Current Performance	Target	Change Ideas	Responsibility
25.17%	15%	<ul style="list-style-type: none"> ✓ Review LCMH and ER effectiveness and utilization ✓ Improve access to social worker in hospital ✓ Perform a quarterly review of mental health visits between ER and LCMH ✓ Educate ER staff on mental health strategies 	Manager of the Emergency Departments & Manager of LCMH, Manager of Privacy, Patient Relations, Health Records and Patient Registration

Palliative Care

Measure the proportion of hospitalizations where patients with a progressive, life-threatening illness have their palliative care needs identified early through a comprehensive and holistic assessment.

Current Performance	Target	Change Ideas	Responsibility
84%	90%	<ul style="list-style-type: none"> ✓ Develop a process for identifying patients who would benefit from a palliative care assessment ✓ Palliative Care will participate in bed management calls ✓ An interdisciplinary palliative care committee will continue to review Palliative Care Best Practices ✓ Review MAID policies and procedures with PSFDH Patient and Family Advisory Council 	Manager of Professional Practice, Palliative Care Team Lead, The Patient and Family Council

Ensure Patients Receive Enough Information at Discharge

Percentage of respondents who responded “completely” to the following question: “Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?”

Current Performance	Target	Change Ideas	Responsibility
92%	95%	<ul style="list-style-type: none"> ✓ Implementation of increased pharmacy coverage over the weekends ✓ Implementation of an ICU specific regional survey process ✓ Engage PSFDH Patient and Family Advisory Council with reviewing the responses to this survey question ✓ Develop an internal survey for the Obstetrical Unit to improve response rate 	Manager of Pharmacy, Clinical Managers, Patient and Family Council

Workplace Violence

Number of workplace violence incidents reported by hospital workers (as defined by OHSa) within a 12 month period.

Current Performance	Target	Change Ideas	Responsibility
62 Reports	65 Reports	<ul style="list-style-type: none">✓ Increase workplace violence awareness with Emergency Department Patients✓ Provide Crisis Intervention Training to Staff✓ Identify Violent Patients with Signage✓ Provide Code White Simulation Training to Staff	Occupational Health Team, Manager of Professional Practice

Measuring our Success

Determining the success of the 2020/21 Patient Safety Plan will be measured through quarterly update mechanisms which include the Quality Improvement Plan, the Operational Plan, and the Quality Improvement Whiteboards located throughout the hospital on both sites. PSFDH provides quarterly reporting on Quality Improvement and Patient Safety Indicators to Senior Leadership, the Patient and Family Advisory Council, and the Board Quality Committee to maintain engagement and monitor progress.