Patient Safety Plan

2022-2024

Alexandra Marine & General Hospital

Patient Safety Plan Objectives:

Alexandra Marine & General Hospital is committed to using best practices ensuring optimal patient outcomes. To assist us in fulfilling this commitment, AMGH 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

Alexandra Marine & General Hospital 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 Alexandra Marine and General Hospital 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).

Alexandra Marine & General Hospital

You Can Count On Me

Mission

Providing high quality, patient-centred care to our community, delivered by a dedicated team

Vision

Further develop and strengthen health system partnerships to meet the evolving needs of our community

Values

Integration
Community
Accountability
Respect
Excellence

Strategic Priorities

People
Quality
Partnerships
Sustainability

In support of our mission, vision, and values, Alexandra Marine & General Hospital'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

People

- To develop a comprehensive Human Resources strategy
- To ensure and promote a healthy workplace for staff, physicians and volunteers
- To actively engage our community and partners in the planning and evaluation of hospital services
- To provide education to our community regarding health, wellness and health system transformation

Quality

- To develop a yearly Quality Improvement Plan (QIP) according to Excellent Care for All Act (ECFAA)
- To continuously evaluate our programs and services against the best available evidence

Partnerships

- To strengthen existing and develop new partnerships with our local and regional healthcare providers

- To develop partnerships with local healthcare providers and community resource agencies to promote wellness strategies for our community

Sustainability

- To maintain our commitment to ongoing development and growth in our three Centers of Excellence: Women's Health, Services for Seniors, and Mental Health and Addictions
- To maintain a balanced operating budget
- To achieve the ability to invest in capital and infrastructure

Our Plan for Patient Safety

Through analysis of patient safety risks and based on evaluation of risk event incident reports, AMGH 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 AMGH

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
- MoreOB Program

Quality Indicators of Patient Safety

- Surgical Safety Checklist
- 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 Orgizationals 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 though 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
To promote safety and best practice and inclusivity of patient/caregivers, through	To minimize risk of misinformation during transitions of care, and	**Goal 1:** Update policy to align with current best practices, and which include the patient/family in the	**Outcome 1**: Policy Updated	May 2022	To complete verbal exchange of information at all transitions of care.

targeted communication methods used during the exchange of information at care transitions. ROP: Information Transfer at Care Transitions	to promote client safety and continuity of care during transfer of accountability.	Goal 2: to evaluate and redesign tools which support best practice, and encourage patient/family communication during transitions in care Goal 3: Minimize the risk of miscommunication during care transitions though including patient/family and ensuring exchange of information between care providers	Outcome 2: Tools utilized reflect current best practice, include patient and promote exchange of information at transition Outcome 3: transition from taped "one way" reporting structure, to verbal two-way "exchange of information" at care transitions	Sept 2022 Jan 2023	To promote and model a culture of safety, which includes the patient/family as an active participate in their own care To ensure complete transfer of accountability (TOA) per hospital standards, including documentation of TOA at all transitions of care.
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.	Goal 1: Develop an organizational prevention policy, inclusive of inpatient and ambulatory care areas Goal 2: Implement and Evaluate an Ambulatory Care Falls Prevention Strategy Goal 3: Develop Falls Prevention Committee Terms including Reference and Accountability Structure Goal 4: Provide quarterly reports to the Quality and Patient Safety Committee from the Falls Prevention Committee	Outcome 1: Policy completed Outcome 2: Establish Ambulatory falls prevention initiative Outcome 3: working committee will be established Outcome 4: effectiveness of committee will be evaluated in relation to falls outcome trends through auditing and reporting structures	Aug. 2022 Sept. 2022 Dec 2022 April 2023	Falls risk assessment implement prevention strategies. Reporting of all patient falls incidents including near misses in risk management system (RL6), reviewed by multidisciplinary team Investigating, monitoring, reporting and sharing of patient safety data reports Falls reporting reviewed at quarterly quality committee.
Provide patients with timely access to inpatient care, and to reduce ED overcrowding.	To ensure accountability of responsible bed	Goal 1: Develop policy to support patient flow out of the emergency	Outcome 1: Patient flow policy developed	Sept 2022	Report at Quality Committee, outcomes measures, including review and evaluation of current

ROP: Client Flow	management, to implement a strategic approach to ED overcrowding, and facilitate access to the right care at the right time, in the right place.	department, when a different level of care need has been identified. **Goal 2**: Develop robust surge protocols and practice protocols to effectiveness	**Outcome 2:** Surge protocols review and practiced	Nov 2022	bed utilization and mitigation strategies. Ensure patients have access to the most appropriate bed type and care. To continue to seek and review feedback to redesign and modify patient flow to meet the needs of the current population.
Minimize patient harm resulting from medication discrepancies at the time of care transitions of repatriation **ROP:** Medication Reconciliation at Care Transitions **ROP:** Medication Reconciliation as a Strategic Priority	To reduce error and risk occurring at transitions of care during medication reconciliation.	**Goal 1:** Evaluate incidents in relation to errors occurring during care transitions, and update policy to address gaps **Goal 2:** Complete evaluation of medication reconciliation errors occurring during care transitions, and implement education, review and resources to prevent errors.	**Outcome 1:** Root cause analysis used to identify and address errors related to repatriation medication reconciliation errors **Outcome 2:** Implement education initiatives targeted to address gaps and reduce errors	Dec 2022 Sept 2023	Reporting of patient safety incidents via RL6 incident management system Recognize role in medication safety and the risks associated with medication reconciliations at care transitions Investigate monitor and share medication related safety data with an interdisciplinary team. Analyze and develop mitigating strategies
Reduce the risk of client misidentification of patients presenting for treatment or procedure, including labelling of specimens.	For the provision of any service or procedure at least two person-specific identifiers are used to confirm that the correct patient is identified.	**Goal 1:** Policy update **Goal 2:** To develop and implement safeguard for flagging sound alike/look alike names **Goal 3:** Provide origination wide education to ensure that all staff are	**Outcome 1:** Policy Approval **Outcome 2:** Implementation and education of "name alert" **Outcome 3:**	April 2022 April 2022 Jan 2023	Policy development and implementation of name alert procedure Investigating monitoring, auditing and reporting outcome results Scanning and labelling data analysis and mitigation strategies

ROP: Client Identification		provided with education on utilizing two person-specific identifiers to confirm identity **Goal 4:** Audit compliance and, based on findings, determine strategy to improve compliance	Training of staff, in all clinical areas **Outcome 4:** Auditing of clinical practice areas to ensure conformance	Ongoing July 2023	Recognize the importance of proper client identification and role in safety
Develop a coordinated reporting structure to support leader review of patient safety incidents ROP: Patient Safety Incident Management **ROP:** Patient Safety Quarterly Reports	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	**Goal 1:** Develop monthly patient safety incident reports to share with clinical leaders to provide data and evaluation within clinical care teams **Goal 2:** Develop quarterly patient incident reviews/reports that identify and investigate corporate patient incident trends **Goal 3:** Implement monitoring structure for recommendations that result from patient incident reports	**Outcome 1:** utilizing incident management system, incident types and trends to be reported monthly per incident management system reporting. **Outcome 2:** patient safety incidents reviewed quarterly and report provide to Board Quality Committee **Outcome 3**: All clinical area leaders review incidents with care teams, apply intervention strategies for risk reduction/mitigation	Dec 2022 April 2022 Sept 2023	Encouraging staff to report patient safety incidents, developing mitigation strategies and sharing data to drive quality care Sharing of incident analysis information, trends and mitigation strategies across the organization.

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