

## Royal Victoria Regional Health Centre Patient Safety Plan

Royal Victoria Regional Health Centre (RVH) has an unwavering commitment to providing the safest, highest quality care to every patient, every time. This commitment is driven through our Strategic Plan that is guided by the philosophy of **MY CARE** that puts patients and their families first and encourages them to be partners in their care.

### What is **MY CARE**?

RVH will ensure your **CARE** is the best, safest and centred on you. Our **MY CARE** philosophy means we will **THINK BIG** and exceed your expectations. We will treat you and your loved ones with courtesy, dignity and **RESPECT**, while being responsive to your unique circumstances and cultural needs. We will listen carefully to you and keep you informed. We will **WORK TOGETHER** to coordinate your care – inside and outside our facility – and we will **OWN** our decisions and behaviours. Our unwavering focus on you will enable us to *Make Each Life Better. Together.*

### Patient Safety Plan

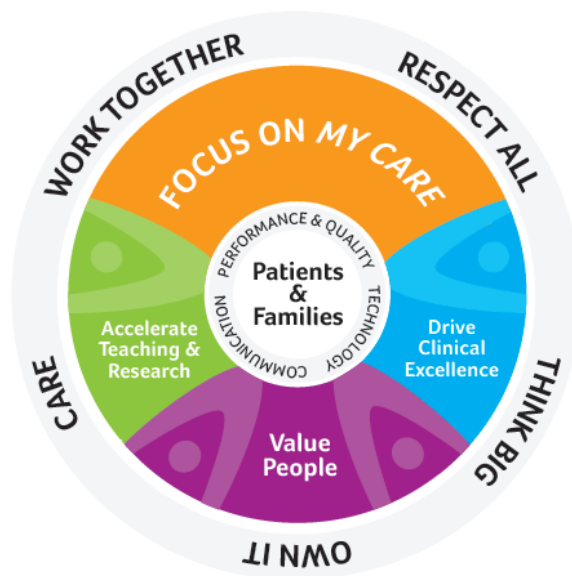
Safety is our top priority. We promote a culture of safety that safeguards patients from harm. Our Patient Safety Plan integrates people, policies and procedures with comprehensive program initiatives designed to achieve our goals for patient safety. Our Patient Safety Plan aligned with RVH's strategic and quality improvement plans are grounded in our mission, vision and values of the **MY CARE** philosophy.

### Patient Safety Plan Objectives

- Deliver high quality, safe care always
- Engage staff and patients in safety work at all levels in the organization.
- Promote a culture of patient safety
- Build processes and education that improve our capacity to identify and address patient safety issues
- Educate staff and patients about the programs and initiatives that aim to improve patient safety and prevent harm

## Guiding Principles of the Safety Program

- Value the perspectives and vital contributions of all staff, physicians, volunteers and the public in their role in patient safety
  - Create learning environments that promote innovation in quality improvement
  - Advance learning and research that enhances patient care
  - Be transparent in all organizational processes
  - Honour our core values: Work Together, Respect All, Think Big, Own It and Care
- Stay true to our Vision: Make each life better. Together and our Mission:  
Exceptional Care is our passion, People are our inspiration, Safety is our promise



## Quality Improvement Plan Development

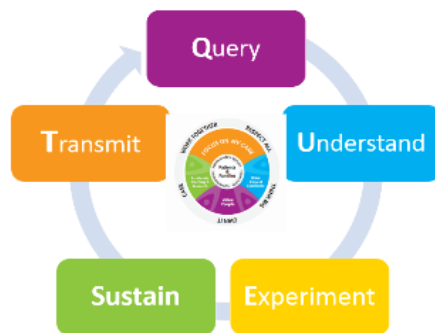
As part of our commitment to providing high quality care, RVH utilizes current and relevant evidence in the pursuit of quality and safety initiatives.

In order evaluate the impact of our innovations in patient safety and quality improvement and to meet the expectations for health care organizations as set out by the Provincial Excellent Care for All Act (ECFAA) we design and implement a Quality Improvement Plan (QIP) annually. The QIP is endorsed across the organization including; Quality and Safety Council, Medical Advisory Council, Patient and Family Advisory Council (PFAC), Senior Leadership Team and the RVH Board of Directors. The resulting QIP is submitted to the Ontario Health Quality Council.

The plan is available on RVH’s website and addresses the designated safety targets, safety improvements, and operational efficiencies in safety in a patient-centered approach to providing hospital care. Initiatives and actions from our Strategic Plan are measured and reported over time in our RVH Balanced Scorecard, which trends progress towards our safety goals over time and is utilized to disseminate our performance in safety achievement at all levels of the organization.

## Quest

Quest is our Continuous Quality Improvement (CQI) framework. It consists of five phases centered around RVH’s MY CARE model.



The QUEST for CQI Framework integrates many strategies, models and methodologies that are currently being utilized within the organization, which include:

- RVH’s MY CARE Strategy
- Institute for Healthcare Improvement (IHI), Model for Improvement
- Health Quality Ontario’s Quality Improvement Framework
- Project Management Methodologies



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- Lean and Six Sigma Process and Quality Improvement Management Methodologies
- Canadian Patient Safety Institute Analysis Framework

A three day workshop has been created to educate participants on the QUEST for CQI Framework and provide training, coaching and support as they work through and implement an identified quality improvement initiative for their area.

All quality, safety and Balanced Scorecard goals align directly with the strategic directions of Royal Victoria Regional Health Centre.

## Strategic Directions

### Focus on *My CARE*

RVH will be unwavering in its commitment to put patients and families first through our **MY CARE** philosophy, ensuring they are partners in their care and providing the most positive patient experience. Every encounter. No exceptions.

### Drive Clinical Excellence

RVH will provide the safest, highest quality care, developing specialized clinical services that take advantage of RVH's expertise and technology so people throughout Simcoe Muskoka can receive the best care close to home.

### Value People

RVH will foster and invest in a supportive environment, igniting new levels of passion, pride and performance in our skilled and dedicated TEAM RVH. We will make RVH the best place to work, practice, volunteer and learn.

### Accelerate Teaching & Research

RVH will advance learning and seek out research opportunities that will advance our knowledge, support organizational performance and ultimately enhance patient care.

## Measuring Patient Safety

As part of RVH's commitment to providing the safest care at Royal Victoria Regional Health Centre, RVH engages both patients and staff as a way to track safety, patient, and family experiences. The impact of the safety innovations and initiatives implemented are measured at the individual, team organizational and community levels. Below are the principle tools we use to collect information on performance of our quality and safety operations and activities.



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### **Patient Experience Survey**

Surveys are distributed to patients after their hospital stay to gather information on their overall experience at RVH. These surveys are voluntary and allow patients the opportunity to recognize excellence in their care experience and highlight areas where care can be improved.

### **Real-time Bedside Survey**

RVH patients can complete a survey while receiving care, right at their bedside. This real time measure is convenient for patients and forwards concerns, comments and questions for immediate action and resolution by the hospital team.

### **Post Discharge Phone Calls**

Following discharge, patients who stayed in hospital or day surgery may receive a phone call from RVH staff both to follow up with any post discharge needs and to provide an opportunity for patients and families to address any concerns and ask any questions related to their experience.

### **Leader Rounding**

Department leaders are on the units daily to meet with patients and engage in discussions about individual patient and family experiences and immediate service recovery if required.

### **Senior Leader Rounding**

At RVH the senior leaders engage the patients by rounding with them weekly. This encourages all levels of the organization to be involved in patient safety and the patient experience. Hearing directly from patients and families ensures direct and unfiltered feedback is provided to the organizations decision-makers and allows for immediate action to ensure patients and families are receiving excellent and safe care.

### **Purposeful Rounding**

Every patient on an inpatient unit can expect to see their nurse every hour for support with pain management, toileting, positioning and patient comfort.

### **Patient Relations Coordinators**

At RVH the Patient Relations Coordinators are available for patients and families to track, trend and manage compliments, concerns, requests and assistance with navigating the health system.

### **Patient Safety Incident Management & Reporting**

All situations arising that could potentially or may have negatively impacted patient safety are reported through our Safety Learning System. This electronic incident management reporting system allows us to track and review incidents ranging from near miss events to

critical events that reached the patient. This information is used to determine system improvement opportunities to enhance practices and determine where changes and improvements can be made.

### **Assessing Risk**

Risk assessments are completed for patients routinely and safety measures are implemented to decrease risk of harm. Physical risk assessments are conducted throughout the organization to identify and address any safety concerns. Risk Assessment Checklists are completed annually with department leaders to self-assess compliance with evidence-based mitigation strategies for Health Insurance Reciprocal of Canada's (HIROC) top risks. RVH also has a formal Enterprise Risk Management Framework that has been adopted throughout the organization.

### **Safety Huddles**

In keeping with RVH's culture of safety, safety huddles are conducted routinely in every patient care area. Discussion focuses on identifying emerging safety concerns and designing responsive and restorative actions plans. Safety issues identified during the huddles are assigned to a team member for investigation and resolution. The safety issues are posted on the team's communication board and reviewed at each huddle until resolved. Leaders report the number of resolved safety issues into the Leader Management System monthly. This facilitates a culture that is safety aware and reinforces a collective commitment to continuous improvement.

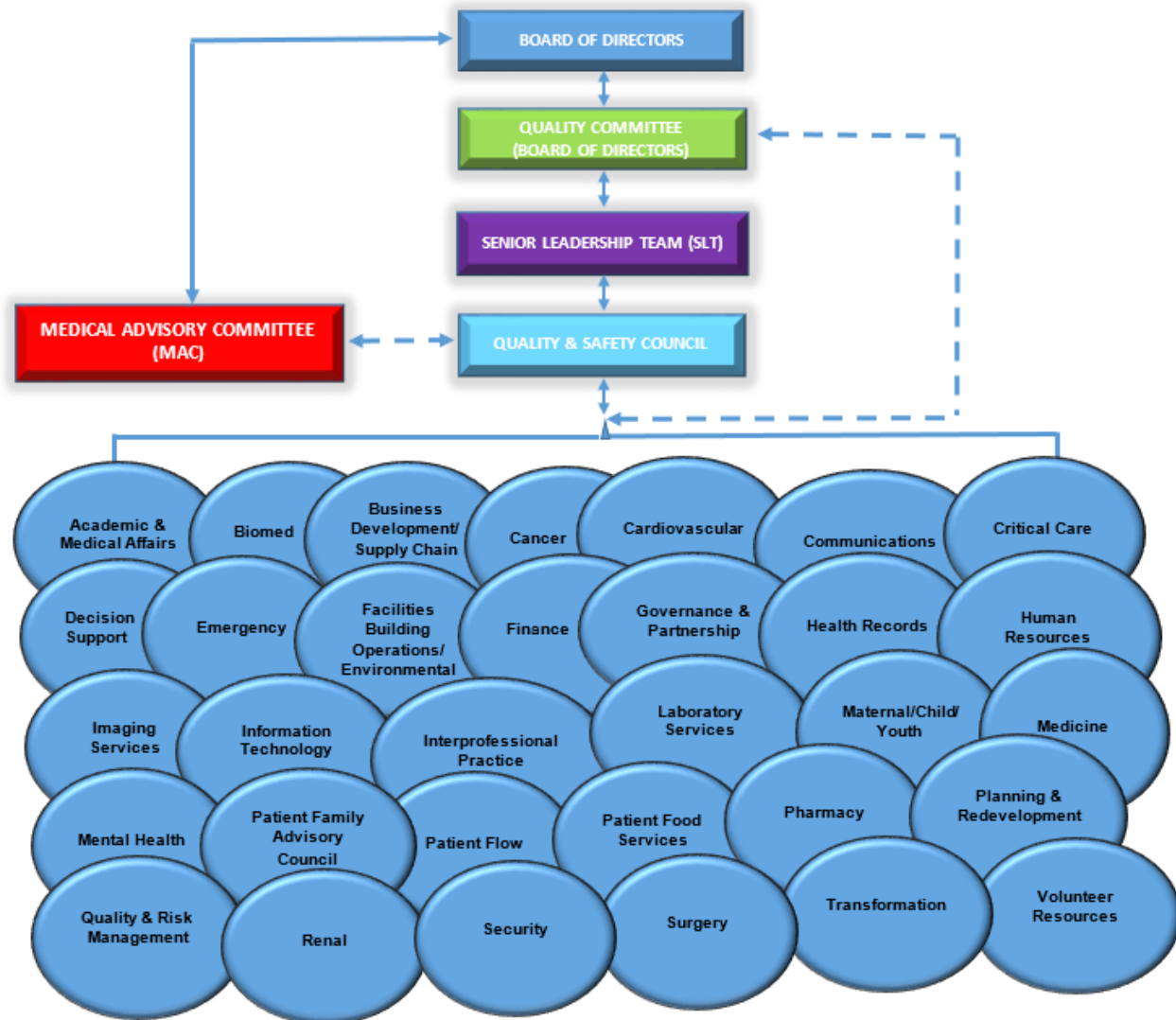
## **Patient Safety Programs**

Royal Victoria Regional Health Centre currently has a wide range of patient safety programs all aimed to support our promise of safety. RVH participates in evidence based quality and safety programs from Safer Health Care Now! The Safer Health Care Now! Interventions aim to reduce harm and improve quality and patient safety. In support of patient-centered care and the *MY CARE* philosophy, RVH has also partnered with the Ontario Hospital Association's *Your Healthcare-Be Involved* campaign to support the integration of engaging patients and families in their healthcare. *Your Healthcare-Be Involved* campaign focuses on patients and family education, the facilitation of direct engagement of individuals in their care and active participation in safety programing. Some patient safety programs and initiatives include:

- Hand Hygiene Program
- Antimicrobial Stewardship Program
- Medication Reconciliation

- Falls Prevention
- Preventive Maintenance Program
- Smart Pumps for Intravenous Medication Administration

## RVH Quality & Safety Framework







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## RVH Quality & Safety Council

At RVH the Quality and Safety Council ensures that quality patient care and quality service is being delivered, monitored and evaluated on an ongoing basis. The council is responsible for providing feedback for annual quality and safety reports, supporting the development of the Quality Improvement Plan, monitoring quality and safety indicators and reviewing other quality and safety items.

### Best Practice Spotlight Organization

At Royal Victoria Regional Health Centre we are proud to be recognized as a Best Practice Spotlight Organization by the Registered Nurses Association of Ontario. Through our involvement with this program, we have successfully implemented multiple evidence-based practices that directly improve the quality of care and patient safety in our organization.

Over the past several years, Royal Victoria Regional Health Centre has implemented the following evidence-based best practices:

- Stroke Assessment Across the Continuum of Care
- Woman Abuse – Screening, Identification, and Initial Response
- Falls Prevention and Fall Injuries in Older Adult
- Assessment and Management of Stage I – IV Pressure Ulcers
- Assessment and Device Selection for Vascular Access
- Care and Maintenance to Reduce Vascular Access Complications
- Assessment and Management of Pain
- Integrating Smoking Cessation into Daily Nursing Practice
- Nursing Care of Dyspnea: the 6th Vital Sign in Individuals with Chronic Obstructive Pulmonary Disease (COPD)
- Screening for Delirium, Dementia, and Depression in the Older Adult
- Ostomy Care and Management
- Breastfeeding Best Practice Guidelines for Nurses
- Transitions in Care
- End of Life- last days to hours



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- Practice Education in Nursing
- Integration of Patient Family Advisors on all Department Quality Councils

Royal Victoria Regional Health Centre will continue to implement Best Practice Guidelines to improve quality and patient care based on the evidence and research.

In the upcoming year RVH will focus on implementing the following evidence-based practices:

- Promoting Safety: Alternative approaches to the use of restraints
- BPG for the Subcutaneous administration of Insulin in adults with Type 2 Diabetes



## Patient Family Advisory Council

In 2014, Royal Victoria Regional Health Centre formed the Patient Family Advisory Council. The council is a partnership between patients, families, and care providers at RVH. The overall goal of the council is to improve the patient and family experience and contribute positively to safe and high quality care at RVH. The objectives of the PFAC are based on our **MY CARE** philosophy, ensuring that patients and families are partners in their care.

The council consists of RVH staff and Patient Family Advisors. Patient Family Advisors are lay members from the community and have experiences as either a patient or family of a patient cared for at RVH, within the last two years. Patient Family Advisors contribute to quality and safety in several ways including the following:

- Tell their story. This a powerful way for professional staff to be informed of their impact and value of their actions in providing care to vulnerable patients and families
- Participate in committee work to ensure that the patient and family perspective is represented in all of the work of the organization

- Review and help create education or information materials that reflects the values, needs and perspective of patients and families

The Patient Family Advisory Council makes recommendations on programing, policies, and practices that impact the patient experience. This unique collaboration contributes to a transparent organization and is the outcome of RVH’s unwavering commitment to fully informed safety and quality improvements.

## Safe Transitions Home

Planning for a safe return to home and community begins on arrivals to RVH. Discharge planners meet one on one with patients with complex discharge needs to make certain that all their needs are being met. Discharge planners will also work alongside families of patients, their physician team, and inter professional providers to anticipate and address any safety concerns for each patient whatever their discharge destination may be, long term care, rehabilitation care, community care facilities or private home.

## Aligning Patient Safety

Patient Safety at RVH aligns with the six patient safety areas recognized by Accreditation Canada.

Accreditation Canada Six Patient Safety Areas	
Safety Culture	Communication
Safe Medication Use	Worklife/Workforce Balance
Infection Control	Risk Assessment

Within each patient safety area there are Required Organizational Practices that RVH follows to maintain safe care. Accreditation Canada also provides sets of evidence based standards that RVH follows to enhance patient safety. The six patient safety areas align with the Strategic Plan, the Quality Improvement Plan and other patient safety initiatives at RVH. Each patient safety area from Accreditation Canada has a goal; RVH’s key safety initiatives align to these six goals. See appendix A- Guide to Key Patient Safety Initiatives



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## Conclusion

RVH continually works to develop, implement and improve safety programs within all clinical areas. RVH maintains this strong safety commitment by ensuring the Patient Safety Plan is up to date and reflective of the work completed. There are several ways the plan is evaluated and monitored on an on-going basis including, The Quality Improvement Plan, The Balanced Scorecard and the Legislative Scorecard. These tools are updated quarterly and provide the corporate actions, initiatives and metrics to monitor overall success in meeting our patient safety goals. In keeping with RVH's commitment to transparency, these plans are made available to all staff and the public through the RVH website and are reviewed regularly by the Board of Directors and Senior Leadership Team.



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## References

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## Appendix A RVH Patient Safety Plan Guide to Patient Safety Initiatives

\*Accreditation Canada Required Organizational Practice (ROP)

Strategic Direction	Strategic Objective	Accreditation Goal	Practice	Action/ Process	Location of Measure
<b>Focus on MY CARE</b>	Improve access, education and engagement of patients and families through technology	Promote a culture of Safety	Include patient safety as the top priority	Patient Safety is the top priority within RVH's strategic plan. Our mission statement clearly indicates Safety is our promise.	RVH mission statement
			Implement policy for disclosure of adverse events*	Policies and procedures are in place for disclosing adverse events to patients, families and staff	Policy available on the RVH Intranet
			Establish a reporting system for adverse events*	An on-line incident reporting system, Safety Learning System (SLS) is utilized to trend for opportunities for improvement, Advancing safety through monitoring and learning from patient safety incidents	Policy available on the RVH Intranet
			Produce Client Safety Quarterly Reports*	Performance metrics are regularly evaluated and quality improvement initiatives are implemented based on opportunities identified	Senior Leadership Team and the Quality Committee of the Board of Directors receive patient incidents, critical incidents, disclosure data and Patient Representative data
			Round with patients, families and staff	Staff and Patients are engaged to ensure development of programs and to align with our MY CARE strategy	Monthly accountability grid
			Ensure hand- hygiene compliance*	Hand-hygiene compliance rates are audited monthly and reported to the Ministry of Health and to the organization	Results are posted publically at the main entrance and posted in all patient units

## Appendix A RVH Patient Safety Plan Guide to Patient Safety Initiatives

Strategic Direction	Strategic Objective	Accreditation Goal	Practice	Action/ Process	Location of Measure
<b>Value People</b>	Be a healthy workplace to increase engagement and promote work/life balance	Create a work life and physical environment that supports the safe delivery of care and service	Educate staff about patient safety annually*	<p>Education is available to staff, physicians and volunteers through lunch and learns, case studies, huddles, courses, and orientation.</p> <p>Staff also complete mandatory online training annually through the on-line Learning Management System (LMS)</p>	<p>Organizational Development keeps records of who attended orientation as a record of education</p> <p>Audits can be pulled from the on-line Learning Management System (LMS) for completion of mandatory training</p>
			Create and implement a patient safety plan*	Patient Safety Plan is updated every 3 years. The plan is approved through the Senior Leadership Team, Patient Family Advisory Council, and the Board of Directors.	Patient Safety Plan available on the RVH website
			Prevent workplace violence*	<p>RVH has a workplace violence policy</p> <p>Education and training is provided about workplace violence</p> <p>Non-violent Crisis Intervention Prevention program is mandatory for staff working in high risk levels</p>	<p>Audits can be pulled from LMS as a record of completion of workplace violence and harassment mandatory annual on-line education</p> <p>Records of staff who completed CPI training kept within the Security Department</p>
			Implement a preventive maintenance program for medical device, medical equipment and medical technology*	RVH has a comprehensive preventative maintenance plan	<p>GE Biomedical Documentation binder</p> <p>Departments receive their own preventive maintenance completion reports</p>

## Appendix A RVH Patient Safety Plan Guide to Patient Safety Initiatives

			<p>Improve patient flow throughout the organization and mitigate overcrowding in the emergency department*</p>	<p>Daily bed meetings for clinical leaders</p> <p>The Emergency Department utilizes the National Emergency Department Overcrowding Score (NEDOCS) to measure overcrowding. This information is then used to reassign resources.</p>	<p>Wait times for the Emergency Department are posted publicly in the Department and on the RVH website</p>
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## Appendix A RVH Patient Safety Plan Guide to Patient Safety Initiatives

Strategic Direction	Strategic Objective	Accreditation Goal	Practice	Action/ Process	Location of Measurement
<b>Drive Clinical Excellence</b>	Exceed all safety measures	Improve the effectiveness and coordination of communication among care and service providers and with the patients and public that we serve	Educate patients and families about their role in promoting safety at RVH*	<p>Patients and families receive written information about safety through brochures at admission</p> <p>Staff engage patients about safety through bedside shift report, purposeful rounding, leader rounding</p>	Patients and families have access to information about their role in safety through the RVH website
			Eliminate the use of dangerous abbreviations throughout the organization*	RVH uses the Institute of Safe Medication Practices Canada's "Do Not Use List"	Pharmacy monitors, audits and reports a minimum of 3 items identified as a high risk dangerous abbreviation
			Information is transferred at all levels and points of care accurately and in a timely manner*	<p>To ensure accurate information is transferred staff utilize SBARD forms for patient transfers to different units at all transitions care</p> <p>At shift change nurses complete a shift report at the bedside to include the patient in the transfer of information and allow for questions and clarification of plan of care</p>	Bedside shift reports are audited routinely, leaders validate compliance during their leader rounding with patients on a daily basis
			Include medication reconciliation is a strategic priority*	Medication reconciliation has been implemented on all transitions of care: Admission, Transfer and Discharge and in Ambulatory clinics that meet criteria	Admission Med Rec and Discharge Med Rec rates reported to for inpatient units and to Pharmacy and Therapeutics (P&T) and Medical Advisory Council (MAC).
			Ensure staff use two identifiers for patient care*	RVH has a policy in place for staff to use two client identifiers and staff include armband checks as a part of bedside shift report	Educators audit monthly on applicable units and the reports are given to the managers to follow-up with for performance expectations

## Appendix A RVH Patient Safety Plan Guide to Patient Safety Initiatives

			Ensure staff use a safe surgery checklist*	A safe surgery checklist has been created and is utilized for all surgical procedures	Compliance with the checklist is reported regularly to the Board of Directors and the Ministry of Health and Long Term Care
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Strategic Direction	Strategic Objective	Accreditation Goal	Practice	Action/ Process	Location of Measurement
<b>Drive Clinical Excellence</b>	Exceed all safety measures	Ensure the safe use of high-risk medication	Antimicrobial stewardship*	Antimicrobial Stewardship Program is in place at RVH with the goal to reduce unwarranted variation in antimicrobial prescribing in hospitalized patients	Antimicrobial stewardship reports available on the RVH intranet
			Provide ongoing training for staff for infusion pumps*	Education is provided for staff in the Learning Management System  Educators utilize return demonstration checklists	Completion of the learning is tracked in the Learning Management System  Completed checklists are kept in Interprofessional Practice
			Safe medication practices including limiting the use of heparin*, limitation of medication concentrations*, limitation of narcotic products*, and removal of concentrated electrolytes*	Staff practice safe storage of high alert medications  Double checks are in place for high risk medications	Daily and monthly audits done for selected high-alert medications Annual audits are performed to align with the inventory management
		Identify and minimize potential risks to our patients	Falls prevention*	Falls Risk Prevention policy  'Falls Friday' assess falls risk on a weekly basis in addition to admission and change in patient condition	Falls data is collected through the Safety Learning System and is reporting quarterly to the Senior Leadership Team, MAC, and the Board of Directors Quality Committee Falls Friday compliance is audited weekly and leaders follow up with staff who have not completed the assessment

## Appendix A RVH Patient Safety Plan Guide to Patient Safety Initiatives

		Pressure ulcer prevention	Pressure ulcer assessments are done at admission, every Wednesday and continued for patients at risk for developing pressure ulcers	Wound prevalence studies are completed annually to assess RVH's compliance and success of prevention measures Wound Care Wednesday compliance is audited weekly and leaders follow up with staff who have not completed the assessment
		Implement strategies for Suicide prevention*	Staff identify patients that are at risk of suicide and respond appropriately including; assessing the environment to minimize risk, monitoring to assess changes in behavior and documenting appropriately	Strategies for suicide prevention for individual patient is documented in the patient's chart
		Identify medical and surgical patients at risk of Venous Thromboembolism (VTE) and provide appropriate thromboprophylaxis*	Policy and procedure for staff for thromboprophylaxis All patients admitted to RVH will be assessed for VTE prophylaxis. If patient meets criteria, thromboprophylaxis initiated as per order set.	Policy and procedure located on RVH Intranet. Monthly Audits completed by Pharmacists and results reported to P&T, Safe Medication Practice Committee and MAC

## Appendix A RVH Patient Safety Plan Guide to Patient Safety Initiatives

Strategic Direction	Strategic Objective	Accreditation Goal	Practice	Action/ Process	Location of Measurement
<b>Drive Clinical Excellence</b>	Exceed all safety measures	Reduce the risk of health care-associated infections	Monitor and track infection rates*	As per the Public Health Act., and to align with our goal of transparency and accountability, RVH publically reports on nine patient safety indicators including:  C. difficile CLI Hand Hygiene Compliance HSMR MRSA Surgical Site Infection Surgical Safety Checklist VAP VRE	Results are shared quarterly and posted on the RVH website  Hospital acquired infection rates are tracked on the Quality Improvement Plan
			Deliver education for hand hygiene to staff, care providers and volunteers*	Hand hygiene education is incorporated in orientation, rounding, the RVH intranet, Grand Rounds and through sharing results of hand hygiene audits	Organizational Development keeps records of who attended orientation as a record of education  Hand hygiene audit results posted at the main entrance and inside inpatient units
			Monitor reprocessing processes*	Medical Device Reprocessing Department monitors reprocessing processes through mechanical printouts	Medical Device Reprocessing Department utilizes the system IMPRESS to track reprocessed items and to pull data from