



**Manitoulin Health Centre
Patient Safety Plan
2018-2020**

Introduction

“Quality and patient safety are essential attributes of good health services.”
(WHO 2011).

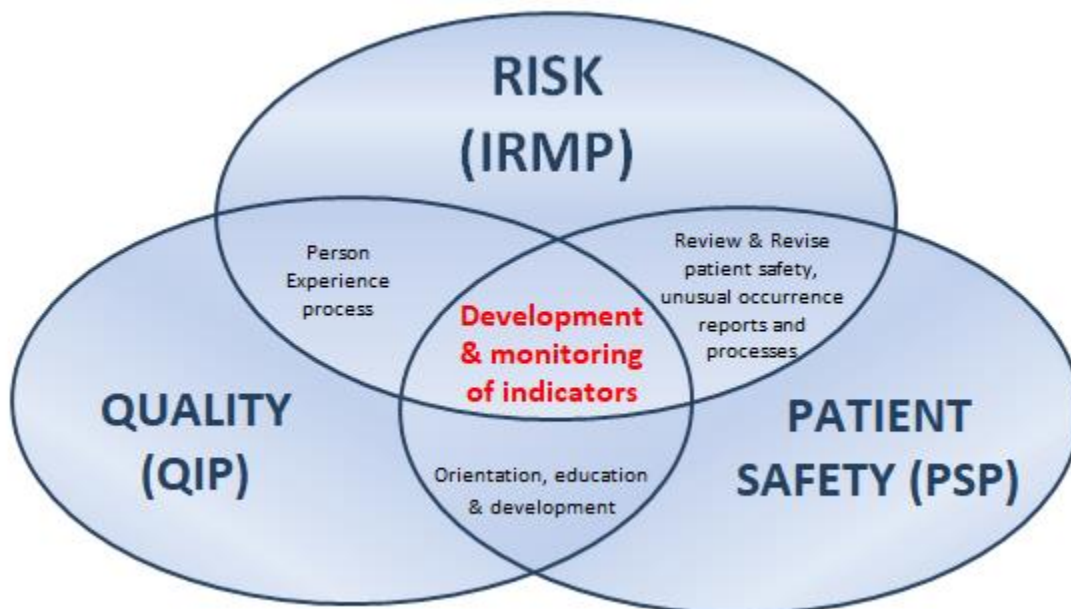
At Manitoulin Health Centre (MHC), it is our **Mission** to
‘Contribute to the health & wellbeing of all who come to us in need’,
this is inclusive of providing patient-centered care in a safe environment.

The **Vision**

‘Putting patients first as we lead and collaborate within our health care network’
places patient safety and quality at the core of all we do.

Purpose

The Patient Safety Plan (PSP) along with the Integrated Risk Management Plan (IRMP) and Quality Improvement Plan (QIP) provide a fulsome quality framework which is then operationalized into the day-to-day through departmental measures. All supporting a culture of safety at MHC. The following illustrates some intersections points between Quality, Risk and Safety.



The MHC Patient Safety Plan purpose is to support patient safety and reduce risk to patients and employees through the creating and sustaining a safe environment that ensures:

- Recognition and acknowledgment of risks to patient safety;
- Initiation of actions to reduce these patient safety issues and risk;
- Internal reporting of patient safety issues and corrective actions taken;
- A focus on processes and systems;
- Organizational learning about patient safety; and
- Supporting and sharing knowledge about patient safety issues to foster organizational learning and a culture of patient safety within MHC and other organizations

MHC has created a culture focused on safety: safe care for patients and families and safe workplaces for employees. Each and every employee is responsible for safety. MHC encourages safety to be at the center of all we do, protecting our patients and staff from errors or injury.

Patient Advisors

Partnering with Patient Advisor's is a means by which MHC's vision is realized. Patient advisors enable MHC to improve care and therefore provide continuously improved, outstanding, quality care in partnership with Patient Advisor's.

One of the goals of engaging patients in patient safety and quality committees at MHC is to help ensure that the care delivered at the front line is patient centered. As part of patient safety and quality committees, patient advisors possess a valuable and unique perspective which represents the sum of their personal experience as a user of the healthcare system, as a member of a patient group, and as a member of the community.

Patient Advisors can:

- point to gaps between what is supposed to happen and what actually happens,
- highlight imbalances of power and safety across the healthcare system,
- identify gaps in knowledge and evidence that could lead to new research and initiatives,
- shape discussions and decisions about programs, policies, practices,
- identify and evaluate outcomes that matter to the patient, family and community, and
- contribute to staff and organizational learning, growth and development.

(Canadian Patient Safety Institute, 2016)

Inter-professional Patient Safety Competencies

The Canadian Patient Safety Institute (CPSI) has identified six domains within their integrated framework for inter-professional patient safety competencies.

Domain 1: Contribute to a Culture of Patient Safety

A commitment to applying core patient safety knowledge, skills and attitudes to everyday work.

Domain 2: Work in Teams for Patient Safety

Working within inter-professional teams to optimize both patient safety and quality of care.

Domain 3: Communicate Effectively for Patient Safety

Promoting patient safety through effective health care communication.

Domain 4: Manage Safety Risks

Anticipating, recognizing and managing situations that place patients at risk.

Domain 5: Optimize Human and Environmental Factors

Managing the relationship between individual and environmental characteristics in order to optimize patient safety.

Domain 6: Recognize, Respond to and Disclose Adverse Events

Recognizing the occurrence of an adverse event or close call and responding effectively to mitigate harm to the patient, ensure disclosure, and prevent recurrence.



(Canadian Patient Safety Institute, 2009)

Manitoulin Health Centre Patient Safety Action Plan 2018-2020

<i>Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice</i>	<i>Progress</i>	<i>Target Date</i>	<i>Responsibility</i>	<i>Status</i>
Domain 1: Contribute to a Culture of Patient Safety				
ROP: Accountability for Quality	Development of the 2018/2019 Quality Improvement Plan	March 2018	Senior Team, Managers, Board, Employees, Patient Advisors	Completed
	Board education on the Accreditation Process	May 2018		Ongoing
	Quarterly monitoring of the QIP and MHC Quality Dashboard by the Quality Improvement & Quality Assurance Committee	Ongoing		Ongoing
	Targeted Board recruitment process	Ongoing		Ongoing
ROP: Patient Safety Plan				
High Priority Criteria: Patient Safety as a Strategic Priority	Refresh of patient safety plan by Patient Safety Committee, inclusive of patient advisors	Winter 2018	Patient Safety Committee	Completed
	MHC Strategic Plan Review & Update 2018	2018	Leadership & Board	Ongoing

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Patient Safety Incident Disclosure	Policy update ADM 07-30 Ethics- Responsible Communication Following Serious Adverse/ Sentinel Events and use of QCIPA	Completed May 2017	CNO/VP	Completed
ROP: Patient Safety Incident Management Continue to update and explore an electronic patient incident reporting system to facilitate reporting of patient safety incidents	Development of electronic incident reporting system. Review with staff and patient advisors	Summer/Fall 2018	Director of Clinical Innovation & Partnerships (DCIP), CNO & IS	Ongoing
	Review and revision of patient safety incident/unusual occurrence process & policy	Winter 2018	DCIP & Director of Human Resources	Completed
	Incident reporting is part of general orientation process	During Orientation	Director of CII&P	Ongoing
	Incidents are monitored through a Quality Indicator quarterly	Quarterly	CNO	Ongoing

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Client Identification	Root cause Analysis of Incidents- Patient Identification	December 2018	Director of CII&P & Management Team	Completed
	Action plan for patient safety incidents are reviewed and documented. Information about recommendations is shared with clients, families and teams	Quarterly	Quality Improvement, Quality Assurance (patient advisor representation) Patient Safety Committee	Ongoing
	Provide education to employees that emphasizes non-punitive reporting that is a positive action that contributes to patient safety	Winter/Spring 2018	Patient Safety Committee	Ongoing
ROP: Patient Safety Quarterly Reports	Quarterly monitoring and report to MHC Quality Improvement and MHC Quality Assurance (QA) committees. QA board members report to the board of directors.	Quarterly	Managers Leadership Quality Improvement Quality Assurance	Ongoing

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Patient Safety Education & Training	All Staff Mandatory Training: <ul style="list-style-type: none"> • Violence and Harassment Prevention • Non-violent Crisis Intervention Training • Slips, Trips & Falls • Worker Health & Safety • AODA • Back Care • Flu Season • Privacy • WHIMIS • Hand Hygiene (all staff) • Hand Hygiene IPAC Core Competency (Clinical staff only) See Occupational Health & Safety Policy- OHS-12-01- Annual Refresher Training Plan	Annually	Managers & Leadership	Ongoing
	Organizational Wide Non-violence intervention training	Winter/Spring 2018	Senior Leadership	Ongoing
ROP: Hand Hygiene Compliance (Domain 4 as well)	Infection Prevention & Control- Hand Hygiene policy Hand Hygiene Compliance Audits and MOHLTC reporting	Monthly	Infection Prevention & Control Nurse	Ongoing

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Hand Hygiene Education & Training	Organizational wide Hand Hygiene Education	Annual	Infection Prevention & Control Nurse	Ongoing
ROP: Infection Rates	Health Care Associated Infection rates are tracked and reported. See infection Prevention & Control Policy IPAC-04-01 'Surveillance'. Member of Regional Infection Control Network Sudbury & District Health Unit has representation on Occupational Health & Safety/Infection Control Committee	Daily/Monthly Quarterly Monthly	Infection Prevention & Control Nurse	Ongoing Ongoing Ongoing
ROP: Reprocessing	Review of CSR reprocessing policies	February 2018	Infection Prevention and Control Nurse and CSR Nurse Manager	Completed

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
Domain 2: Work in Teams for Patient Safety				
High Priority Criteria: Patient Safety: Roles & Responsibilities	Development of an interdisciplinary Patient Safety Committee with Patient Advisor representation.	Spring 2017	Senior Team, Management, employees	Completed
	Patient safety is included in performance development and job descriptions. Job description & performance development review, inclusion of patient safety in all job descriptions and PD documents	Summer 2017	Director Human Resources	Completed
	LMS safety education tracked corporately and reported to managers	Ongoing	HR & Managers	Ongoing
Client & Family Role in Safety	Patient Advisory Council Meeting to outline Patient & Family Centered Care, role in safety and quality	November 2017	Director of Clinical Innovation & Partnerships	Ongoing
	Inclusion of Patient Advisors at Departmental Meetings- departments assigned a patient advisor	Ongoing	Departmental Managers	In place & ongoing
	Inclusion of patient advisor on Patient Safety Committee	January 2018	DCI&P	Patient advisor identified for committee

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Information Transfer	Development of improved information transfer processes- standardized checklists, SBAR education <ul style="list-style-type: none"> • Transfer of information checklist • SBAR LMS to clinical staff Primary Care notification on discharge including pharmacy & homecare <ul style="list-style-type: none"> • LACE tool for readmission screening and reporting to primary care to alert of potential re-admissions • Faxing of medication reconciliation on discharge to primary care, homecare and pharmacy • Patient handouts on discharge- includes what to expect, when to return, how to properly take medication • e-referral for First Nations Patients • e-referral for mental health services- review, education and process improvement 	December 2017 April 2018 Ongoing Ongoing Ongoing Ongoing & being revised with input from partners Completed & ongoing revisions	Nursing Nursing DCINP Nursing	Ongoing Completed/Ongoing Monitored through QIP Monitored through QIP Ongoing Ongoing Monitored through QIP

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Workplace Violence Prevention Review and revision of workplace violence and harassment policies and procedures to ensure they comply with applicable legislation and requirements	Review of Code White at Emergency Preparedness Committee	Winter 2018	Emergency preparedness committee	Completed
	Personal Safety Alarms		Information Technology	Completed
	Upgrade to Surveillance System		Information Technology	Completed
	Review of Workplace Violence Policy		Human Resources and OH&S	Spring 2018
	Non-violence Intervention Training. Organizational wide training plan development	March 2018	Senior Team	Initiated & Ongoing
Domain 3: Communicate Effectively for Patient Safety				
ROP: Patient Safety, Education & Training Client and Family Role in Safety -pamphlets -patient education channel -Posters	Brochures available on patients role in safety (require review) Patient education channel and input from public health and community partners Posters for public	February 2018	Managers, Patient Safety Committee & Leadership	Ongoing
	Falls Prevention bedside communication tool	September 2017		In place & Ongoing
	Aphasia communication tool	Spring 2018		In progress

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
Bed Boards on In-patient Units	Investigating content, cultural requirements, patient safety components, best practices	Spring 2018	Steve Blouin & Patient Safety Team	In progress
ROP: Do Not Use Abbreviations	Policy & procedure review and update completed' Do Not Use List of Abbreviations'. Physician Education at both sites Nursing education during orientation	December 2018	Pharmacy & Nursing	Complete & Ongoing
ROP: Medication Reconciliation	Medication Reconciliation policy & procedure review and update Inclusive of medication reconciliation process for long term care patients in the emergency department	February 2018	Nursing	Completed
ROP: Surgical Checklist	Policy & procedure review and update	February 2018	Nursing	Completed
ROP: Information Transfer	Policy & procedure review and update. <ul style="list-style-type: none"> • Transferring of Patient Care-Communication for Intra-hospital transfers of care • Patient Transfer Communication & Documentation Nursing Department Guidelines 	February 2018	Nursing	Completed

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
Domain 4: Manage Safety Risks				
ROP: Hand Hygiene Audit (as previous) ROP: Infection Rates	<p>Policies to guide outbreak response for respiratory and enteric outbreaks</p> <p>Notification of local outbreaks through regional infection control network</p>	Ongoing	Infection Control	In Place Ongoing
	Collaborative relationship with long term care. Early notification of potential outbreak status provided, process to provide emergent care and discharge from acute care to residents determined in a collaborative manner.	Ongoing	Infection Control	In Place Ongoing
ROP: High-Alert Medications (Independent Double Checks)	Update in process and policy to comply with Ontario College of Pharmacist Regulations (OCP), best practices and institute for safe medication practices (ISMP) recommendations. 'Independent Double Checks ' Policy	Completed December 2017	Nursing	Completed

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Accountability for Quality	<p>MHC Risk Management Program</p> <p>Review and update of current risk management plan</p> <p>Quality is a standing item at board meetings. Board member and patient advisor representation on Quality Assurance Committee</p> <p>The MHC Quality Improvement Plan measures system level indicators and reported quarterly in a dashboard format to the board of directors.</p>	<p>March 2018</p> <p>Ongoing</p>	<p>Senior Team, Managers and Board of Directors, Patient Advisors, Employees</p>	<p>Completed</p> <p>Ongoing</p>
ROP: Concentrated Electrolytes	<p>Review & Update of Policy</p>	<p>Ongoing</p>	<p>Pharmacy</p>	<p>In Place</p> <p>Ongoing</p>
ROP: Heparin Safety	<p>Review & Update of Policy</p>	<p>Ongoing</p>	<p>Pharmacy</p>	<p>In Place</p> <p>Ongoing</p>
ROP: Narcotics Safety	<p>Review & Update of Policy</p>	<p>Ongoing</p>	<p>Pharmacy</p>	<p>In Place</p> <p>Ongoing</p>

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Falls Prevention Program Comprehensive falls prevention program, policy and procedure that includes the identification of high risk patients, interdisciplinary falls prevention interventions and programming Falls are monitored through the incident reporting process and reported to QI/QA and the board of directors quarterly. The falls prevention program is monitored and reviewed by the patient safety committee and interventions are updated in correspondence with incident report action plans and recommendations	Comprehensive review and updating of MHC Falls Prevention Program	December 2017	Physiotherapy & Patient Safety Committee	Completed
ROP: Pressure Ulcer Prevention	Policy & Procedure review & update	March 2018	Nursing	Ongoing
ROP: Venous Thromboembolism (VTE) Prophylaxis	Policy & Procedure review & update	January 2018	Nursing	Completed
ROP: Suicide Prevention	Policy & Procedure development	February 2018	Nursing	Completed

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
Domain 5: Optimize Human & Environmental Factors				
ROP: Preventative Maintenance	Joint Occupational Health & Safety Committee in place and operational	Ongoing	Senior Team, managers & employees	Ongoing
	Patient accessibility and safety considerations during renovations	Ongoing	Senior Team, managers & employees	Ongoing
	Update of policy & procedure	February 2018	Managers	Completed
	Patient Safety Area Worklife/Workforce- incorporate Patient Safety, ergonomics, workflow analysis and human factors in new design/build and renovations	February 2018	Senior Team, managers & employees	Ongoing
High Priority: Influenza Vaccine	Tracking and reporting of employee influenza rates	Annual	Senior Team, managers & employees	Ongoing
Domain 6: Recognize, Respond to & Disclose Adverse Events (Patient Safety Incidents)				
ROP: Patient Safety Incident Disclosure	Track and report on patient safety incidents through an indicator to Quality Improvement and Quality Assurance	Quarterly	DCIP	Ongoing
	Critical Incident Disclosure Policy and Procedure	Completed	Senior Team	Ongoing

Key Objective- Safety Competencies Quality Dimension: Safety ROP: Required Organizational Practice	Progress	Target Date	Responsibility	Status
ROP: Patient Safety Incident Management	Define and recognize patient safety events and near miss events and follow-up.	Ongoing	Senior Team	Ongoing
	Review and education on patient safety incident management process including policy & procedure and staff education	April 2018		
	Consideration of an electronic patient safety incident process	Summer/Fall 2018		Ongoing
ROP: Patient Safety Quarterly Reports	Quarterly monitoring and report to MHC Quality Improvement and MHC Quality Assurance (QA) committees. QA board members report to the board of directors.	Ongoing	Managers Leadership Quality Improvement Quality Assurance	Ongoing

Canadian Patient Safety Institute. (2009). *The Safety Competencies; First Edition*. Retrieved from <http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf#search=domains%20of%20safety%20competencies>

Canadian Patient Safety Institute. (2016). *Canadian Patient Safety Institute*. Retrieved from Tips for patient engagement in patient safety and quality committees: <http://www.patientsafetyinstitute.ca/en/toolsResources/pages/pfpsc-patient-engagement-in-safety-committees.aspx>