

Deep River and District Health Patient Safety Plan 2022-2025

Note: Although patient safety goals have been established in the broader patient safety plan, objectives, initiatives, measures, targets etc. are to be determined by relevant accountable committee/individual(s).

Deep River and District Health has developed a multi-year Patient Safety Plan to ensure we can continue to deliver safe quality care to the people in our care. Our objective is to encourage and promote a culture of patient safety at all levels of the organization. Our plan outlines our priorities and the ways we will respond to patient safety concerns while making system-wide improvements.

Deep River and District Health is fully accredited through Accreditation Canada Qmentum - a not-for-profit, independent organization accredited by the International Society for Quality in Health Care. Accreditation is a voluntary process, which takes place every four years. It gives us an external peer review process to assess and improve our services, based on standards of excellence.

The Patient Safety Plan helps us to ensure we provide safe, excellent care. The plan identifies ongoing strategies so we can meet and exceed Accreditation Canada's required organizational practices and patient safety goals.

Patient Safety Goal	Objective	Planned initiatives	Measure(s)	Target	Time-frame	Responsibility
1. Improve Medication Safety	a) Implement therapeutic drug monitoring policy and defined procedure for inpatients and LTC residents	Develop policy and procedure Staff education on policy and procedure	Policy and procedure in place and followed	Education on policy completed and audit show adherence to policy	2023	Pharmacy & Therapeutics Committee
	b) Implement administration risk mitigation strategies for high risk medications due to formulary change related to EPIC	Adopt standardized dosing and monitoring guidelines for opioids and high risk medications targeting high risk populations including: neonatal, pediatric, critically ill and frail elderly patients	Guidelines identified for all high risk medications, including initial and maximum dose recommendations, and automatic stop dates	100% of high risk medications administered have standardized dosing and monitoring guidelines in place	2023	

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	c) Align Leave of Absence (LOA) /Discharge Medication policy to Ontario College of Pharmacist (OCP)	Update policy Staff education on policy and procedure	Updated LOA/Discharge policy in place	Updated LOA/Discharge policy in place	2022	
	d) Update Return and Destruction of Medication policy and process to OCP and Epic workflows	Update policy and procedure Staff education on policy and procedure	Updated Return and Destruction policy in place	Updated Return and Destruction policy in place	2023	
2. Identify and mitigate inherent safety risks in specific patient populations	a) Provide support and services in both French and English	Develop and implement a plan to address the needs of the local Francophone community	Francophone service plan developed and implemented	Francophone support program developed and implemented	2023	CNE and Communication Coordinator
	b) Provide communication tools for non-verbal patients	Develop communication board and policy to support use Plan education for use of communication board	Communication board in place	Communication board program in place Staff education completed	2024	
	c) Enhance existing systems to calling for assistance	Install call bells in staff locker rooms, x-ray main suite, all washrooms and on Medical patio	Call bell installed in identified areas	Call bell installed in identified areas	2024	CFO
3. Promote effective information transfer with patients and team	a) Establish procedure for performing and communicating therapeutic drug	Collaborate with Laboratory and Primary Care to develop effective communication strategies to support notification of	Process developed for communication of TDM for discharged patients to Primary care	FHT will receive notification and pertinent care information (including TDM) of 100% of	2024	

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members across the continuum of care	monitoring (TDM) to primary care	inpatient and discharged patients TDM		discharged FHT patients		
	b) Ensure patients are receiving care in the most appropriate setting	Initiation of discharge planning on admission with Estimated Discharge Date (EDD) identified within 24 hours of admission	% of admitted patients for which EDD is identified within 24 hours of admission	100% of admitted patients will have EDD identified within 24 hours of admission to inpatient unit	2023	
	c) Adopt a standardized, evidence based critical test results (CTR) and discrepant test policy and procedure	Adopt standardized CTR and discrepant result list for laboratory and medical imaging exams	Standardized CTR and discrepant test list for laboratory and medical imaging exams in place	100% of CTR and discrepant results communicated as per policy	2025	
4. Reduce the Incidence of Healthcare Acquired Infections	a) Relaunch of Hand Hygiene Program	Hand Hygiene Program relaunched, education provided and implemented across all departments	% departments following established hand hygiene program tracked on departmental dashboards	92% compliance with established hand hygiene program	2022	Infection Control Committee
	b) Review and audit adherence to routine practices	Education and Auditing Program developed for routine practices; training provided and implemented across all departments	Process outlined and education provided	Outcomes of audits tracked on dashboard monthly and reviewed by IPAC Committee	2023	
5. Create and Foster a Culture of Safety	a) Support and engage patients, residents and families in developing a culture of patient safety and quality improvement	PFAC goals developed annually and collaborative patient education and safety material reviewed	PFAC goals established each year; Patient education and safety materials reviewed	PFAC will establish goals each year to improve engagement and promotion of culture of patient safety and quality improvement	2022	Patient and Family Advisory Committee (PFAC)

Patient Safety Goal	Objective	Planned initiatives	Measure(s)	Target	Time-frame	Responsibility
	b) Enhance culture of patient safety and quality improvement with existing staff members and during onboarding process	<p>Establish ongoing Corporate Orientation schedule (at least every other month if more than 3 new hires)</p> <p>Ensure onboarding and annual education calendar align with <i>Fixing Long Term Care Act, 2022</i> requirements</p>	<p>Annual Corporate Orientation schedule developed</p> <p>Annual education calendar developed and onboarding education updated</p>	<p>Annual Corporate Orientation schedule completed</p> <p>Annual education calendar in place and onboarding education aligns with <i>Fixing Long Term Care Act, 2022</i></p>	2022	Human Resources Officer

Reference Documents	<ul style="list-style-type: none"> Healthcare Excellence Canada, Patient Safety and Incident Management Toolkit, 2022 Fixing Long Term Care Act, 2022 The Joint Commission Journal on Quality and Patient Safety 2018; 44:23–32, “Promising Practices for Improving Hospital Patient Safety Culture” Health Standards Organization, Required Organizational Practices 2022 Handbook, 2022 Canadian Patient Safety Institute, A Guide to Patient Safety Improvement, 2020
Acknowledgements	<ul style="list-style-type: none"> St. Francis Memorial Hospital, Patient Safety Plan 2021-2022 Brockville General Hospital, Patient Safety Plan, 2015-18 London Health Sciences Centre, Patient Safety Plan, 2022-2026
Review Process	<ul style="list-style-type: none"> Resident and Family Council – Patient Family Advisory Committee – 2022-10-20 Executive Leadership Team – 2022-09-27 Quality, Risk and Safety Committee – 2022-10-18 Board of Directors -