2023-2024

PATIENT

Safety Plan

HÔTEL-DIEU GRACE HEALTHCARE

HÔTEL-DIEU GRACE HEALTHCARE'S COMMITMENT TO

QUALITY & PATIENT SAFETY

At Hôtel-Dieu Grace Healthcare (HDGH) patient safety and quality improvements are key strategic priorities. The importance of patient safety is reflected in our vision and strategic plan and is embedded into the job descriptions of everyone employed by the hospital. The HDGH 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 monthly, and reviews patient safety related indicators and issues as well as oversees the preparation of our annual Quality Improvement Plan (QIP).

Our Quality and Patient Safety Plan is designed to improve patient safety, reduce risk and respect the dignity of those we serve by assuring a safe environment. Recognizing that effective medical/health care error reduction requires an integrated and coordinated approach, the following plan specifically relates to a systematic hospital-wide program to minimize physical injury, accidents and undue psychological stress during hospitalization. The organization-wide safety program will include all activities contributing to the maintenance and improvement of patient safety.

Over the last few years through the pandemic, we have always kept patient safety and quality at the forefront in all we do. We maintained the majority of our quality and safety indicators and continued to maintain operations as we focused on pandemic operations and staffing. Through the establishment of our Incident Management Response Team, we also implemented a robust communications plan to keep our patients, families and community safe. This next year we will be focused on our COVID Recovery Planning and mantra of "back to basics".

Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.

- William A. Foster -

ONGOING PATIENT

Safety Initiatives

SAFETY CULTURE

- Ongoing monitoring of patient/safety indicators using various scorecards and infographics within all programs and services.
- Patient experience infographics and reporting of real time information.
- Patient Experience Surveys across IP and OP programs (Real Time, OPOC, WATLX).

SAFETY PROGRAMS

- Immunization Programs
- Emergency Preparedness Committee
- Accreditation Canada
- Preventative Maintenance Program
- Joint Health & Safety Committee
- Patient Safety Committees: Infection Prevention and Control, Antimicrobial Stewardship Program, Safe Med, Injury Prevention

MEDICATION USE

- Medication Reconciliation on Admission and Discharge
- 90 Day Medication Review

INFECTION CONTROL

- IPAC indicator monitoring - ongoing Hand Hygiene monitoring in mariner system
- COVID-19 Prevention and Outbreak Management protocols

WORKLIFE WORKFORCE

- Therapeutic Crisis Intervention - RCC

RISK ASSESSMENT

- Monitoring and tracking of Pressure Ulcers
- Use of restraints
- Weekly risk assessments complete - Wound Wednesday and Fall Friday
- Suicide Risk Assessment

OTHER HIGHLIGHTS

- Model of Care (CMC)
- Choosing Wisely Quality Projects - Physician leadership driven
- Centralized Clerical Team Optimization Project - Inpatient Units (Rehab/CMC)
- DCP Program - Recognized as Leading Practice by Health Standards Ontario

COMMUNICATION

- CEO video updates, ongoing COVID-19 and safety updates
- Huddles
- Discharge Rounds
- Leadership Rounding
- Orientation Program
- Program Councils/Unit Based Councils reimplementation
- Standard Shift Report
- Welcome Tour Video RCC Intensive Treatment Services Program

6 THE SIX PATIENT SAFETY AREAS

PATIENT SAFETY PLAN

KEY REQUIRED ORGANIZATIONAL PRACTICES

SAFETY CULTURE

Create a culture of safety within the organization

- Measuring various quality/safety indicators via scorecards at different levels of the organization
- Quality Committee Structure - focus on quality and patient safety
- Publicly displayed Patient Safety Boards updated monthly by Unit Manager
- Use of Safety Reporting system to monitor and track incidents for our patients and staff
- Choosing Wisely
- Use of an Integrated Risk Management program to assess risk - Risk Registry updated
- Monthly Quality Tracer Program and shared learnings

COMMUNICATIONS

Promote effective communication transfer with patients, families and the healthcare team across the continuum of care

- Enhancement in dischard information (PODS)
- Implementation of Electronic Record (Cerner) and improvements in transfer of information across care continuum
- Essential Care Partner Program
- Transition Nurse Role for acute care transitions
- Real time patient experience feedback on admission and within 72 hours of discharge
- Huddle and shift transfer improvements
- Quality Safety Boards on units and departments
- Need to Know - Quality and Research Matters
- Patient Experience indicator - how ofter do you feel you have to repeat your information?

MEDICATION USE

Ensure the safe use of high risk medications

- 90 Day medication reviews on long term patients by physicians and pharmacy
- Medication Bar Scanning rates
- High CPOE rates
- Medication error tracking and analysis
- Audits and reports from Patient Safety Reporting System and Cerner
- Patients have clear understanding of medications on discharge - experience indicator

INFECTION CONTROL

Reduce the risk of health care associated infections and their impact across the continuum of care

- Orientation and education of staff, patients and families on hand hygiene practices
- Enforce standard accepted hand hygiene protocols and monitor compliance via Mariner System
- Hospital Acquired Infections (HAI) investigation tool, monitoring and follow-up reporting to staff and patients.

RISK ASSESSMENT

Identify and mitigate safety risks in the organization

- Patient Safety Integrated Risk Management Plan
- Falls and medication incidents reported and tracking in Patient Safety Reporting System
- Risk assessments triggered on admission in Cerner for all inpatients (Braden assessment, Morse Fall, VAT, Columbia Tool)
- Quality review and Quality of Care reviews under Quality of Care Information Protection Act (QCIPA) for high risk and critical incident reporting to Quality Board
- Critical incidents monitored and reported to the Quality Board and hospital Board

WORKLIFE/WORK-FORCE

Create a work-life and physical environment that supports our patients and our people

- Education and communication for zero tolerance for violence and roll out of video series “Code Lockdown”
- Non violent crisis intervention training program for all staff (orientation and ongoing)
- Development of regional patient flagging policy for violent patients and behaviours

ANNUAL HDGH

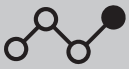
QUALITY IMPROVEMENT PLAN 2023-2024

Hôtel-Dieu Grace Healthcare (HDGH) is committed to improving the health and well-being of the Windsor-Essex community through the delivery of patient-centered, valued-based care. Our 2023-2024 Quality Improvement Plan(QIP) continues to be driven by our three strategic drivers: Our Patients; Our People; and Our Identity.

HDGH believes strongly that excellence in patient/client care starts with employees working in a safe environment when providing care to patients and clients. The safety of our people is foundational and our Workplace Violence Prevention Program is a foundational element of our efforts. This includes providing education to our patients, clients, families and community about ways we can work together to keep everyone safe and encouraging individuals to report all incidents.

Safety upon discharge and transitions is paramount in continuing a patient/ client's journey. At HDGH, improving hospital discharge experiences is a vital step in helping our patients and clients lead healthier lives. HDGH partners with patients, families and caregivers to ensure all changes to medications are resolved prior to discharge and increase patients' understanding of their medications.

Through development of a Senior Friendly Strategy and partnership with home care and community partners, ensure the facilitation of appropriate and timely discharges to an Alternate Level of Care (ALC).



Improving hospital discharge experience by making sure patients have the information they need when they leave our sites so they can stay healthy and well.

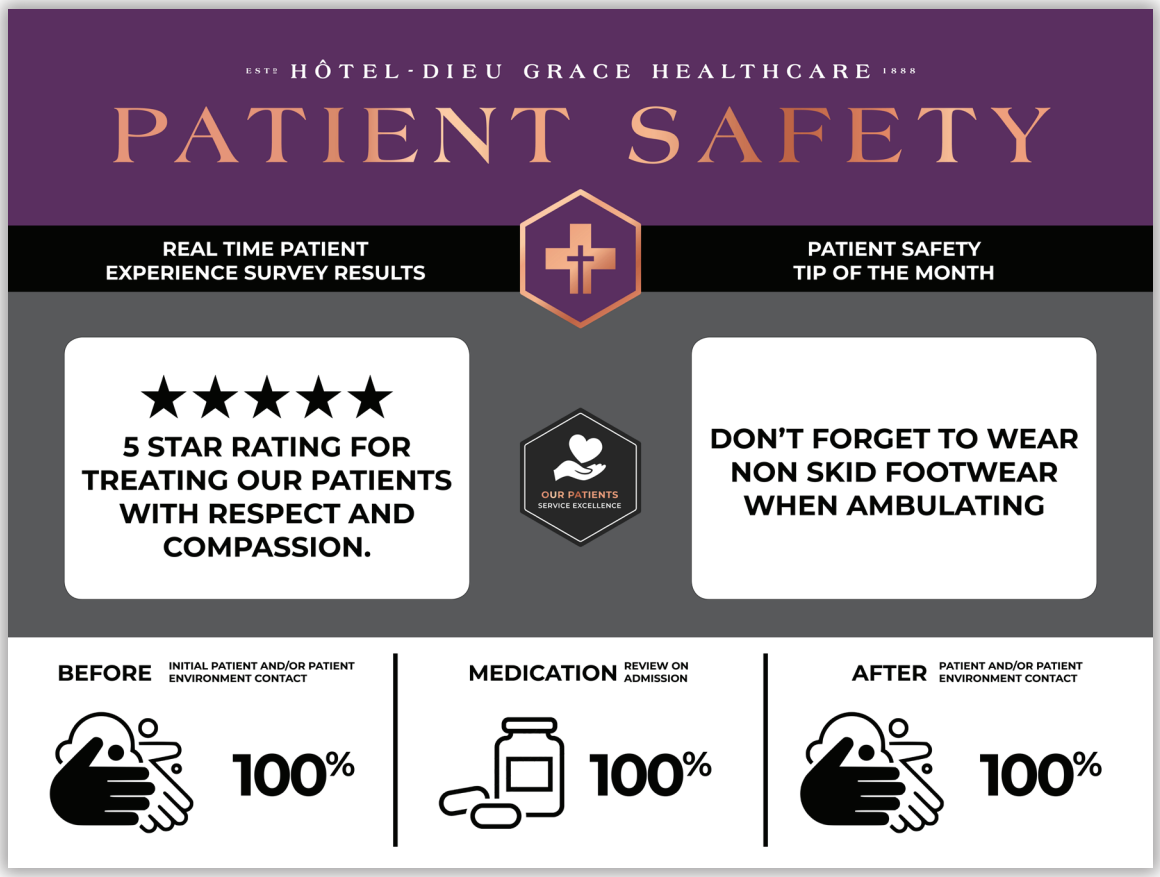
HDGH believes that efficient transitions are critical in the continuum of care and the movement of our patients in a timely manner to the right program, right care, right time, ensures timely access for our patients to improve and optimize patient flow in the healthcare system.

Gathering client feedback on the overall quality of care received in our Mental Health hospital setting assists in bringing forward the clients' voice as a source of evidence to support program and system quality improvement efforts.

At HDGH, we will develop a work plan that promotes the value and respects the healthcare rights of all citizens. Our aim is to improve equity, diversity, inclusion, and Indigeneity (EDII) awareness and practices.

For more information about Quality Improvement Plan for HDGH, go to

WWW.HDGH.ORG/QIP



PATIENT SAFETY BOARDS

- Publicly displayed patient safety boards located on all patient care areas.
- HDGH Unit Managers update these boards monthly by reviewing their scorecards and real-time surveys to update metrics and populate information on the board.
- They highlight areas of strength and identify quality improvements from trends as well as post a "patient safety tip of the month".

PATIENT & FAMILY ADVISORY COUNCIL

PATIENT & FAMILY ADVISORY COUNCIL (PFAC) IN ACTION

- PFAC members involved in several committees throughout the organization including Board Committees.
- Ad hoc feedback on letters written to patients/families (example: changes in visitation policy as pandemic evolved)
- Provided feedback on design of new patient white boards
- Co-design programs with RCC PFAC: Welcome Tour, Intensive Treatment Services Video, Parent Welcome Kit, Physiological Assessment Videos; as well as current projects: Family Engagement Quality Standards Training Video and Youth First Aid Kits (Youth IN Partnership)
- Discharge planning feedback
- Model of Care working groups
- Essential Care Partner Advisory Group
- Participate on EDII Committee
- Consulted on Facilities design
- Co-present at New Staff Orientation
- PFAC work plan
- Quarterly Reporting to Board Structure
- Patient Experience reporting structure - quarterly
- Participate in monthly Regional Patient Experience/PFAC meetings

Vision: "Patients and Families are partners with their healthcare providers and are engaged in all aspects of their healthcare"

Strategic Diver	Strategic Priority	Key Objectives	MRP	KPI	PFAC Member	Target
Identity	Use Resources Wisely	Structure PFAC as "Corporate PFAC" to help link all HDGH Patient Advisors. To ensure all PFAC groups (PFAC, MHA PFAC, RCC PFAC, YAC) are aligned and reports to the Board.	Kathy Lisa	# of PA's in total at HDGH # of PA reports to PFAC monthly	Barb Tammy	June
Patients	Providing Excellent Care	Recruitment Strategy to increase and diversify PFAC Membership	Lisa Barb	# of corporate PFA # of PAs total	Linda Karl Lisa	June
Patients	Providing Excellent Care	Pursue Patient Family-centred care instead of Provider-centred. (Align with Model of Care (MOC) and Senior Friendly Strategy (SFS))	Kathy Jeff	Improvement in Patient Experience Survey data; Decrease in patient complaints; # of PA's on working groups for MOC and SFS	Karl Jake Linda	April 2023
Patients	Providing Excellent Care	Develop standard process to share Patient Stories to drive Quality Improvements (QI)	Lisa	# of PAs trained; # of stories shared/year; # of QI	Barb	April 2023

HÔTEL-DIEU GRACE HEALTHCARE

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OUR MISSION

The mission of Hôtel-Dieu Grace is to serve the healthcare needs of our community including those who are vulnerable and/or marginalized in any way be it, physically, socially, or mentally. As a Catholic sponsored healthcare organization, we provide patient-centred care treating the body, mind, and spirit. We do this by providing holistic, compassionate and innovative care to those we serve.

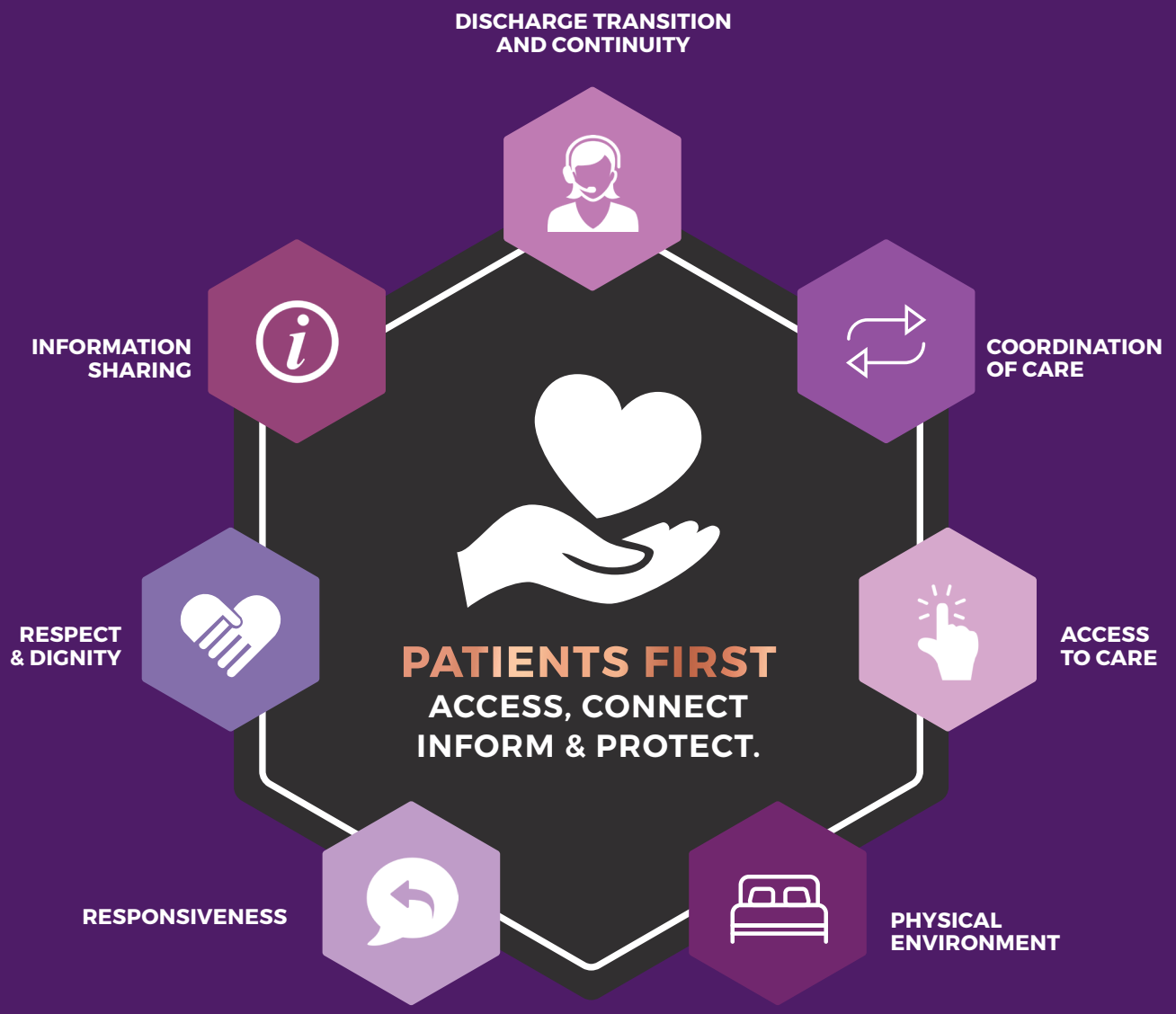
OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community.

OUR VALUES

Respect • Teamwork
Compassion • Social Responsibility

PATIENT EXPERIENCE FRAMEWORK



Our Patient Experience Framework is based on the key dimensions that are measured in our Patient Experience Surveys. Our patients are at the center of all that we do and our focus is on improving access, connections, information and safety.

The HDGH Patient Safety Plan, Strategic Indicators and Quality Framework are reviewed routinely to ensure continued alignment to the organization's vision and mission and continuous commitment to improvement and quality of care.

QUALITY FRAMEWORK

To show how quality flows through our organization, **HDGH** has created the Quality Committee Framework as a visual representation. It serves as the foundation for quality improvement throughout the organization. It is specific to each one of our strategic drivers: Our Patients, Our People, and Our Identity.

QUALITY COMMITTEE FRAMEWORK

PARTNERING WITH OUR PATIENTS AND FAMILIES IN THEIR CARE

- Keep me safe
- Listen to me
- Be kind to me
- Explain things to me

PARTNERING WITH OUR STAFF IN CONTINUOUS QUALITY IMPROVEMENT

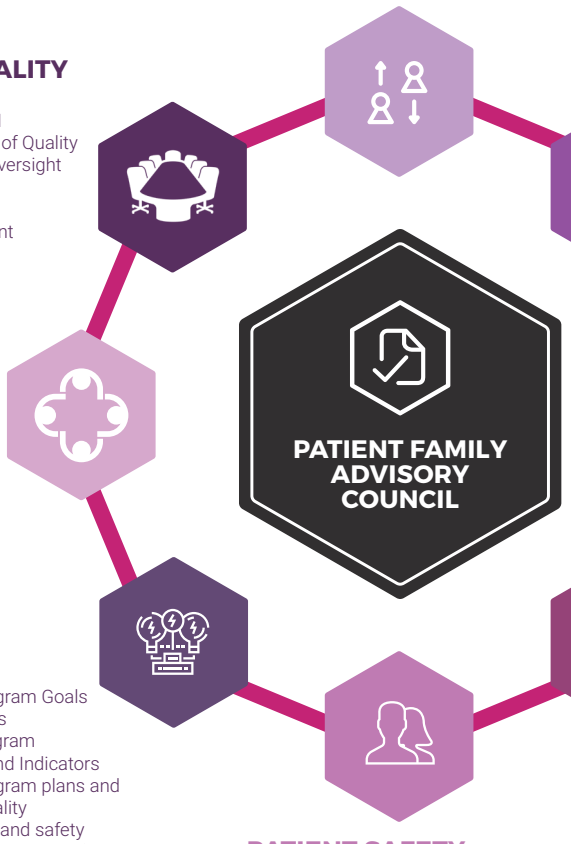
- I am safe
- I am respected
- I am engaged
- I am heard
- I can reach my full potential

PARTNERING WITH OUR COMMUNITY TO MEET THE NEEDS OF OUR PATIENTS

- Help me find my way
- Take my hand and guide me through my journey
- Provide access to services in the community

The Quality Committee Framework
Is a series of linked committees that coordinate and provide a connection from the Board of Directors to the frontline staff.

At the centre of this framework sits the **HDGH** Patient & Family Advisory Council (PFAC) because the patient and family are at the centre of everything done at **HDGH**. It is important that patients and their families have a voice and are involved in direct decision making about their care. Each committee or group around PFAC makes decisions about how quality and safety are executed throughout **HDGH**. There is continuous monitoring and reporting of metrics through the various committees from frontline to Board of Director level. The **HDGH** Research and Evaluation Department works with each of the councils and committees with program planning and evaluation as well as knowledge transfer and education opportunities.



EXECUTIVE LEADERSHIP TEAM
- Strategic and Operation Plan
- Senior Management Council

BOARD QUALITY
- Monitor Quality of Service within HDGH
- Oversee preparation of Quality Improvement Plan oversight
- Ensure Regulations met (ECFAA, Hospital Management Regulations, 965)

SENIOR MANAGEMENT COUNCIL
- Operations and planning implementation
- Accreditation Oversite
- Risk Management
- Hospital Policies
- Joint Occupational Health & Safety Committee
- Privacy/Hi-tech oversite
- Oversite Leadership Council
- Oversite Performance Utilization Committee

UNIT BASED COUNCILS
- Unit Based Quality and Safety
- Clinical Work Environment
- Monitors Unit/program Scorecards
- Monitors Unit/program Patient Experience
- Identifies Opportunities for Improvement
- Reports to Quality Council

MEDICAL QUALITY ASSURANCE
- Morbidity and Mortality case reviews
- Review Quality of Care Information Protection Act
- (QCIPA) Competence and Quality
- Monitors medical quality indicators

QUALITY COUNCIL
- Develops Program Goals and Objectives
- Monitors Program Scorecards and Indicators
- Develops Program plans and integrates quality improvement and safety
- Prioritize Quality and Safety Initiatives

MEDICAL ADVISORY COMMITTEE
- Quality of Medical Care
- Credentialing & Re-Appointment
- Professional Staff Matters
- Professional Staff Policies

PATIENT SAFETY PROFESSIONAL PRACTICE
- PSPP Safe Med
- PSPP IPAC and Antimicrobial stewardship
- PSPP Injury prevention
- PSPP Outpatient and residential
- Monitor Patient Safey and Quality Indicators
- Reports to Quality Council

RESEARCH AND EVALUATION
- Research
- Program Planning & Evaluation
- Knowledge Transfer & Education
- Clinical Decision Support

PATIENT SAFETY

PATIENT SAFETY GOAL	OBJECTIVE	PLANNED INITIATIVES	MEASURE(S)
SAFETY CULTURE	Create a culture of safety within the organization	1. Create a "Just Culture" work plan which aligns with the Action Plan for the Patient Safety Survey 2022. This will include a redefined philosophy, framework and policy and training and education through corporate-wide education	• Deliverables work plan to be developed • % staff/leaders trained in Just Culture • % improvement on score in patient safety survey
		2. Shared Governance Model (UBC) for Unit Based Council RE-implementation which increases the involvement of staff in decision making related to patient safety as well as work flow , communication and work environment	• Establish Unit Based Councils for all patient and support areas
		3. Create a plan for the development of Safety Champions on inpatient units and on unit patient safety huddle expansion. This will be through: peer to peer investigations and linking patient safety champions with the Unit Based Council to develop, celebration of success stories and just in time scheduled clinical education and feedback	• # of Patient Safety Champions in each Inpatient Unit • % of improvement on score in patient safety survey • # of incident reports closed using peer-to-peer investigation process • # of Quality Improvements that stemmed from reported incidents trends and scorecard results • # of patient safety indicators meeting or exceeding target
COMMUNICATION	Promote effective communication transfer with patients, families and healthcare teams across the continuum of care	1. Improve transitions of care	• % of patients transitioned from acute care to HDGH within targets • % of new admissions seen by Transition Nurse
		2. Ensure patients have enough information on discharge to support transition and follow up	• % of patients who felt they have enough information on discharge (patient experience survey feedback)
		3. Improve the IP Mental Health Patient and quality experience through increased activities, implementation of structured rounds and sharing of information and greater interaction with patients related to decision-making (MH – Inpatient)	• % of patients that felt the services here are of high quality • % of patients that rated the availability of activities as good or very good • % of patients that felt included in their decision-making process (baseline 73%) • #10 – I received clear information about my medication (baseline 80%) • % of patients that had an EDD on record within 30 days post-admission (collecting baseline)
		4. Improve transitions related to ALC through the development of a best practice senior-friendly strategy for the organization	• Development of a 3 year senior-friendly strategy. Complete any year 1 milestones identified

WORKPLAN

TARGET	TIMEFRAME	LEAD	RESP.	QIP
• Deliverables work plan created by end of Q2 • 100% meeting target for education as defined in action plan targets • Determine improvement target for score	Completion by March 2024	Janice Dawson/Andrea Steen	All Directors	
• # of UBC formed • # of UBC members • # OFI's for workflow, teamwork, safety and communication	Refresh 2023-2024	TBD	TBD	
• 5 champions per unit • Determine improvement target for safety survey scores • Complete deep dive on incident reports and determine a target for peer investigation process targets. • Track number of improvements specific to the patient safety champion structure. Collecting baseline and determine target for 24-25 • Establish a baseline and set targets and monitor progress at PPSCs.	March 2024 YE Q1 Q1-Q2 Q4 – establish basement Q1 – establish a baseline and set targets for monitoring	Janice Dawson	Sarah Picco/Kathy Quinlan	
• 87% • 100%	March 2024 March 2024	Janice Dawson Janice Dawson	Shelley Toth Shelley Toth	√
• 90%	March 2024 results	Andrea Steen	Kathy Quinlan/Alison Murray/Shelley Toth	√
• 93% • 78% • 85% • 85% • Collecting baseline 23/24	March 2024 YE results	Andrea Steen	Patrick Kolowicz	√
• % of milestones identified completed	100%	Janice Dawson	Kathy Quinlan/Jennifer Clifford	√

PATIENT SAFETY

PATIENT SAFETY GOAL	OBJECTIVE	PLANNED INITIATIVES	MEASURE(S)
		5. Improve Incident Follow up Process for Safety Incidents specific to tracking resulting quality initiatives from incident report analysis and feedback to staff This will include enhancement of daily and weekly review of incidents at huddles, review of reports and trends and safety reporting enhancements to send an email when incident reported and follow up complete.	• # staff involved in quality improvement initiatives • # Quality improvements that result from incident reports • % increase in patient safety culture survey question "staff are usually given feedback about changes put into place based on incident reports.
MEDICATION USE	Ensure the safe use of high-risk medications	1. Improve Discharge Medication Reconciliation	• % discharge medication reconciliation completed on discharge and internal transition to a new facility
		2. Increase Pharmacist consults on Discharge for complex patients	• % of pharmacist consults ordered
		3. Increase Clear understanding of medications on discharge for patients (as reported in patient experience surveys\)	• % of patients that reported a clear understanding of medication on discharge (Rehab /Complex)
INFECTION CONTROL	Reduce the risk of health associated infections and their impact across the continuum of care	1. Hand Hygiene rates, increase the number of audits across all programs and improve rates. Establish a target # of audits required monthly	• # of audits completed (across the organization)
		2. IPAC to meet with all new admissions within 72 hours	• % of patients IPAC meets with within 72 hours
		3. IPAC Environmental audits across programs and services	• # audits weekly
RISK ASSESSMENT	Identify and mitigate safety risks in the organization	1. Reduce and monitor falls with injury	• % of falls with injury (organization)
		2. Reduce and monitor Hospital Acquired Pressure Injuries in accordance with comparison best practice targets. 3. 4.	• % of hospital-acquired pressure injuries
		5. Suicide Prevention and ensure consistent use of standardized Columbia Risk Screening Tool in all identified programs	• % of admissions that have a Columbia Risk Screening Tool completed in all programs with the intent to increase specifically programs outside MH for development and compliance
WORKLIFE WORKFORCE	Create a work-life and physical environment that supports our patients and our people	1. Continue to monitor and track Workplace violence Incidents through continued investment in education and deep dive into each incident for improvements.	• # of workplace violence incidents in accordance with OH & S definition • % of incidents without injury (of total incidents)
		2. Staff development and Education and clinical education and development plan. (to be revised based on new Strategic Plan)	• TBD – with the new strategic plan

WORKPLAN

TARGET	TIMEFRAME	LEAD	RESP.	QIP
• Collecting baseline • Collecting baseline • Increase to Green status	March 2024 March 2024 March 2024	Andrea Steen	Kathy Quinlan/Shannon Tompkins	
• 97%		Janice Dawson	Louise Hebert /Dr.Sommerdyk	√
• TBD		Janice Dawson	Louise Hebert	
• 90%		Andrea Steen/Janice Dawson	Louise Hebert	
• 300/month	March 2024	Janice Dawson	Kathy Quinlan	
• 80% of new admissions	Review target within 6 months	Janice Dawson	Kathy Quinlan	
• 27 audits weekly	March 2024 YE results	Janice Dawson	Kathy Quinlan	
• <1.2	March 2024 YE results	Janice Dawson	Kathy Quinlan	
• <5.8	March 2024 YE results	Janice Dawson	Kathy Quinlan	
• 100%	March 2024 YE results	Andrea Steen	Patrick Kolowicz	
• Zero • 100%		Sherri McGeen Sherri McGeen	Heidi Petro Heidi Petro	√
• TBD	TBD	Sheri McGeen	Brooke Mayville/Kathy Quinlan/Sarah Picco	

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PATIENT & FAMILY ADVISORY COUNCIL