

PATIENT SAFETY PLAN



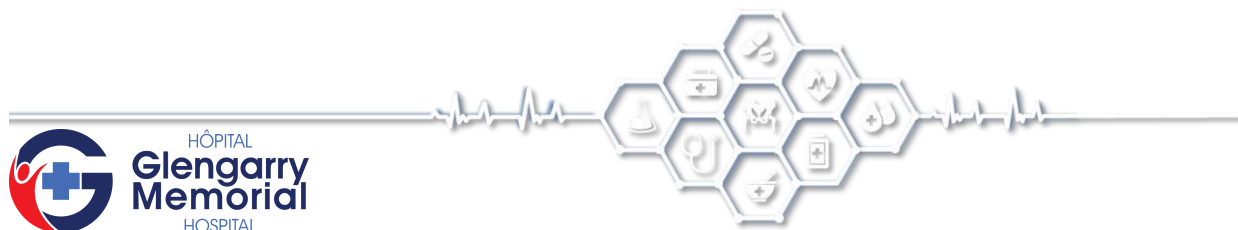
HÔPITAL
**Glengarry
Memorial**
HOSPITAL

2022-2025



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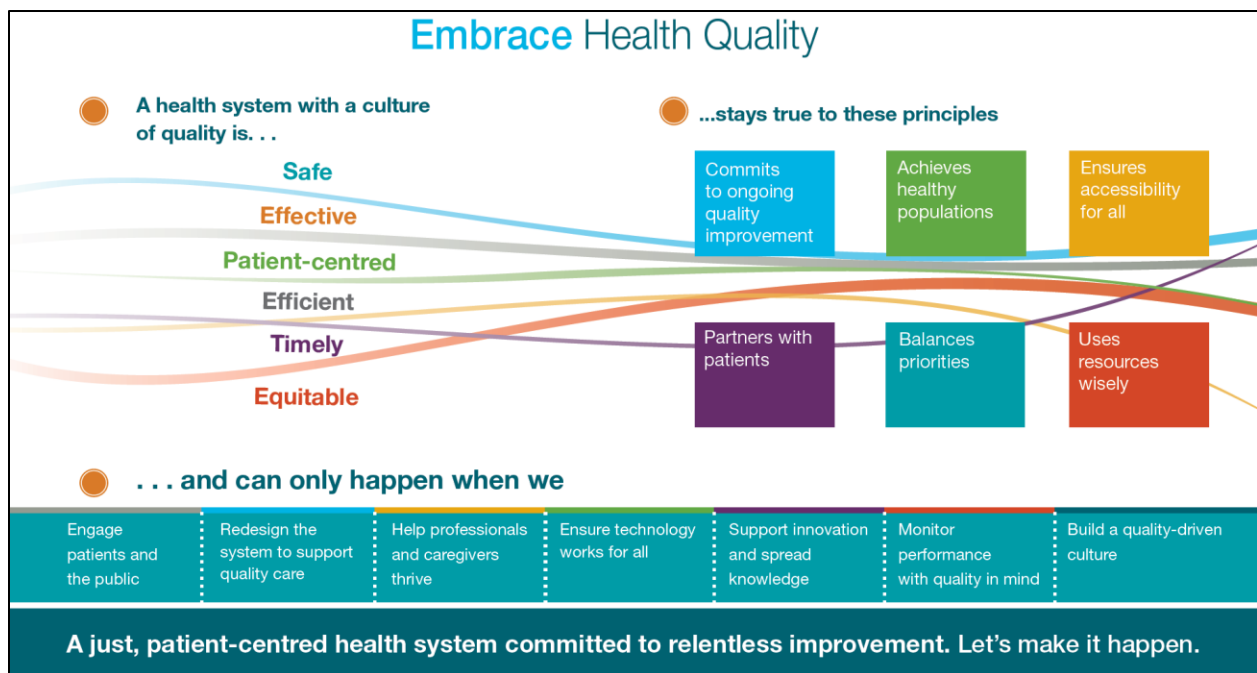
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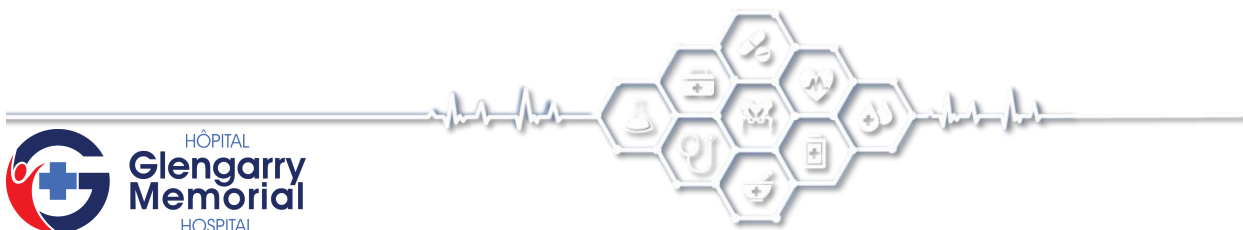
Patient Safety Plan

The mission at Hôpital Glengarry Memorial Hospital (HGMH) is to provide innovative, accessible, patient-centred primary health care services in both official languages with a focus on safety and quality care. We envision being a recognized leader in the delivery, promotion, and integration of health care services. It is our aim that everyone accessing care at our hospital receives an exceptional patient experience delivered by staff/physicians who consistently demonstrate our values of integrity, respect, quality & safety, compassion, and working together.

The intention of the Patient Safety Plan is to communicate and support our focus and commitment to providing safe, quality care while achieving optimal patient outcomes. It is designed to improve patient safety, reduce risk, and respect the dignity of our patients by assuring a safe environment. Our Patient Safety Plan aligns with the Ontario Health Quality model that views quality through various dimensions as shown below:



We promote a culture of safety that protects patients from harm. The Patient Safety Plan outlines a comprehensive program that ensures our people, policies and procedures, and performance are aligned. Our Patient Safety Plan is designed to support and align with our Strategic Plan priorities, our Quality Improvement Plan, and our ongoing quality and patient safety initiatives. At HGMH, our Patient Safety Plan is also guided in large part by compliance with and adherence to Accreditation Canada’s Required Organizational Practices by focusing on their six patient safety domains and to the principles espoused by Safer Healthcare Now, a program by the Canadian Patient Safety Institute and the Institute for Safe Medication



Practices. We also recognize the work of other accreditation bodies informing work at HGMH such as: Institute for Quality Management in Healthcare (IQMH) focused on Laboratory Accreditation, and Ontario College of Pharmacists Accreditation Program.

Objectives:

1. Deliver high quality, safe care always.
2. Engage staff/physicians and patients in safe practices at all levels of the organization.
3. Promote a culture of patient safety.
4. Build processes that improve our capacity to identify and address patient safety issues.
5. Involve staff/physicians, patients, and caregivers in the creation of and ongoing learning about the Patient Safety program and initiatives that are aimed at improving patient safety and preventing harm.

Guiding Principles:

- We believe that patient safety is at the core of a quality healthcare system.
- We value the perspectives, experiences, and contributions of all staff, physicians, volunteers, patients, caregivers, and the public in their role in patient safety.
- Patient Safety is a continuous pursuit and is embedded in how we do all our work.
- Accountability for patient safety is everyone's responsibility: from the Board of Directors to frontline staff to volunteers.
- We approach patient safety most effectively when working alongside our Patient Partners.
- We promote a safety culture in which staff/physicians feel safe reporting adverse events, errors, and near misses. These reports inform our improvements to care.
- We will foster a culture within HGMH and within our partners that respects diversity and inclusivity as a shared responsibility promoting access and equity for staff/physicians and patients.
- We will strive to remove barriers to services for patients and staff/physicians with respect to language and accessibility.



Commitment to Quality and Patient Safety

Structures that Support Patient Safety

At HGMH, patient safety and quality improvements are key strategic priorities as reflected in our vision and Strategic Plan. This is further emphasized by embedding patient safety into the job descriptions of every employee and in the commitment descriptions of volunteers of the HGMH. There are several integral and connected structures at HGMH that address Patient Safety.

Board of Directors and the Quality Committee of the Board

The HGMH Board of Directors is legislated to be responsible for patient safety and protection as well as the quality of care provided at HGMH. As mandated by the Excellent Care for All Act, the Board has established a Quality Committee of the Board that ensures that requirements of the Hospital Management Regulation as it relates to quality are met. This committee meets on average four to five times per year to review patient safety related indicators and issues as well as oversee the preparation of our annual Quality Improvement Plan (QIP). HGMH works to include and involve our Patient and Family Advisory Committee partners on the Board of Directors and Quality Committee of the Board to ensure we capture the voice of the patient in our decisions.

Senior Management Team

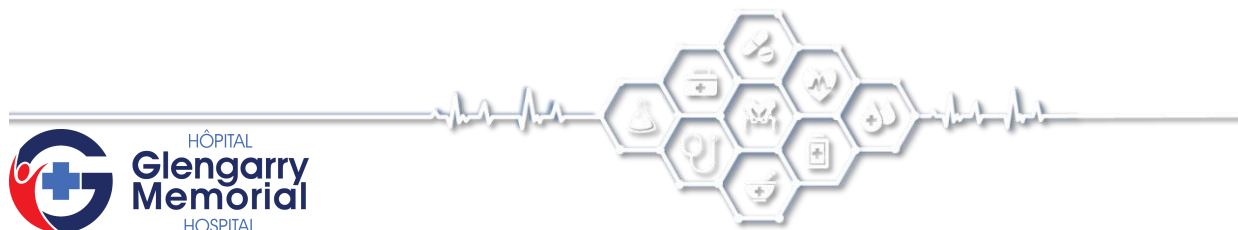
The HGMH Senior Management Team are stewards of quality and patient safety across the organization and are delegated this responsibility by the Board. This commitment and support enhance a culture of excellent care and quality improvement.

Medical Advisory Committee

The role of the Medical Advisory Committee is to consider and make recommendation to the Board on matters pertaining to the Professional Staff including the appointment or reappointment of all members of the Professional Staff and ensuring that the Professional Staff responsibilities and accountabilities as defined in the By-Law, Hospital policies and Legislation are met. The Medical Advisory Committee is also responsible for assuring that quality medical care is delivered, that professional medical practice is advanced, and that Professional Staff function as partners in the care of patients.

Ethics Committee

The Ethics Committee ensures that ethical issues are considered through the HGMH Framework Supporting Ethical Decision Making. HGMH engages a clinical ethicist to promote reflective practice, examine ethical principles, advise regarding policies and procedures, and provide guidance on ethically challenging situations. HGMH includes the Patient and Family Advisory Committee in the work of the Ethics Committee to ensure the perspective of the



patient is captured. The HGMH Board Governance Committee also employs an Ethical Lens when reviewing and developing governance level policies.

Patient and Family Advisory Committee

The patient's experience of care is integral to how HGMH approaches the provision of safe healthcare. HGMH endeavours to incorporate the voice of the patient on our committees and improvement teams. We know that their partnership is important through all stages of work, from planning through to evaluation. HGMH is committed to seeking feedback from patients, family members/caregivers, and staff/physicians that contributes to a culture of exceptional patient, family, and staff/physician experiences. HGMH views observations, compliments, personal experiences, complaints, and/or concerns from patients, families/caregivers, and visitors as valued sources of information regarding the quality of the services and care provided. Staff/physician feedback helps us focus on processes that will improve quality of work life.

External Partnerships

HGMH is committed to addressing Patient Safety at the system level, including working with our regional healthcare partners who address patient safety and improving the quality of care. We continue to explore opportunities to address system-level patient safety concerns through collaborative initiatives with regional partners such as Accreditation Canada and Quality Improvement Plan. Our hospital demonstrates the prioritization of patient safety by supporting our external partners in times of need such as outbreaks and when critical demands outstrip available resources, as well as supporting the more vulnerable populations in our communities.

Internal and External Mechanisms to Drive Patient Safety

Internal: Annual Quality Improvement Plans

HGMH prepares and implements an annual Quality Improvement Plan (QIP) in response to mandatory Hospital indicators and additional internal initiatives to advance our patient safety and quality improvement efforts. The development and implementation of the QIP involves the active participation of patient partners and front-line staff alike. The QIP complies with and meets the expectations for health care organizations as defined by the provincial Excellent Care for All Act (ECFAA). The QIP is endorsed across the organization including the Quality Committee of the Board, Medical Advisory Committee, Patient and Family Advisory Committee, Internal Quality Committee, the Senior Management Team and is ultimately approved by the HGMH Board of Directors. The resulting QIP is submitted to the Ontario Health Quality Council. The plan is available on HGMH's website and addresses the designated safety targets, safety improvements, and safety operational efficiencies in a patient-centered



approach to providing hospital care. Initiatives and actions from our Quality Improvement Plan are included as annual objectives of HGMH's Strategic Plan and measured and reported quarterly in the corporate dashboard to disseminate our performance in quality and patient safety objectives at all levels of the organization. For a deeper dive into the hospital's QIP plan, please visit [HGMH's website](#).

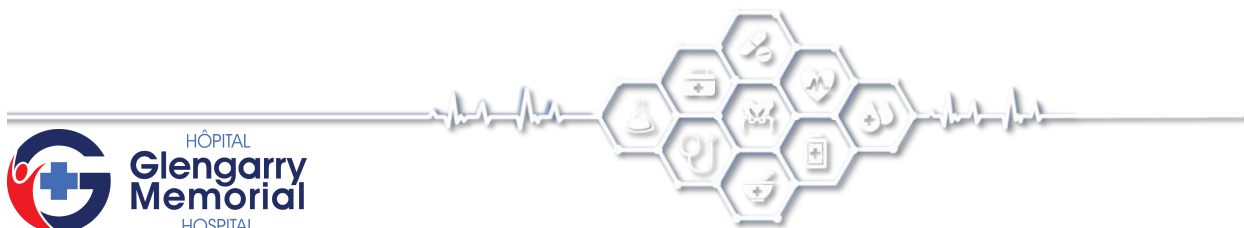
Internal: Strategic Plan

HGMH's Strategic Plan and annual objectives are developed to address key identified priorities. Each objective has a defined action plan that includes indicators, milestones, and regular status updates.



Internal: Risk Incident Management System (RIMS)

Incident reporting and management is the cornerstone of patient safety at HGMH. It is the responsibility of all staff and affiliates who observe, are involved in, or are made aware of an adverse event or near miss to ensure the incident is reported. RIMS supports the documentation and tracking of patient safety incidents, findings, recommendations, and



actions/improvements. It also allows for reporting of and follow through on feedback from staff/physicians, patients, and caregivers. Our Patient Relations Office manages the Feedback reports to ensure timely response and follow-up, track and trend feedback themes, and inform quality improvement opportunities.

Internal: Ongoing Patient Safety Initiatives at HGMH

Safety	
<ul style="list-style-type: none"> • Huddles • Discharge Rounds • Orientation • Monthly Safety Talks 	<ul style="list-style-type: none"> • Bedside Medication Verification • Clinical Education Support • Clinical Informaticist Support • Reporting of Adverse Drug Reactions and Medical Device Incidents under Vanessa's Law
Quality Indicators	
<ul style="list-style-type: none"> • PPE Donning and Doffing Audits • Equipment Audits • Critical Care Indicators for Antibiotic Resistant Organisms and Healthcare Associated Infections 	<ul style="list-style-type: none"> • Blood Product Transfusion Reactions • Use of Restraints
Safety Programs	
<ul style="list-style-type: none"> • Immunization Programs • Emergency Preparedness Committee • Infection Prevention and Control Program • Preventative Maintenance Program 	<ul style="list-style-type: none"> • Occupational Health & Safety • Antimicrobial Stewardship Program • Accreditation Canada • Violence Prevention Program
Environmental Safety	
<ul style="list-style-type: none"> • Product Recalls • Drug Recalls • Product/Equipment malfunction • WHIMIS Training for all Staff/Physicians 	<ul style="list-style-type: none"> • Air Quality • Workplace Violence Incidents • Cyber Security

External: Accreditation Canada Required Organizational Practices (ROPs)

Safety Cultures	<ul style="list-style-type: none"> • Measuring quality indicators at different levels throughout the organization • Patient and Family Advisory Committee's focus on quality of care and patient safety • RIMS to report and track incidents for our patients and staff/physicians • Risk Incident Management System (RIMS) to assess risk in the organization
Communications	<ul style="list-style-type: none"> • Medication Reconciliation • Transfer of Accountability • Staff and Patient Rounding • National Early Warning System (NEWS2) • Secure "My Portal" platform allowing patients access to their medical record
Medication Use	<ul style="list-style-type: none"> • Venous Thromboembolic Prophylaxis (VTE) • Audits of safety reports for medication incidents • Infusion pump training, evaluation of competence, and monitoring of reports
Infection Prevention & Control	<ul style="list-style-type: none"> • Ongoing monthly hand hygiene data collection • Orientation and education of staff/physicians, patients, and families on hand hygiene practices and Personal Protective Equipment (PPE) • Healthcare Associated Infections (HAI) investigation, monitoring and reporting
Risk Assessment	<ul style="list-style-type: none"> • Falls and Medication errors reported and tracked in RIMS • Quality Reviews and Quality of Care reviews (under the Quality of Care Information Protection Act [QCIPA]) for high risk and critical incidents • Risk assessments for falls, pressure injuries
Worklife/Workforce	<ul style="list-style-type: none"> • Workplace Violence Prevention: Critical Care Indicators Flagging Program for potential and actual violent patient behaviour • Non-Violent Crisis Intervention (NVC) training • Gentle Persuasive Approach (GPA) education

External: RNAO Best Practice Spotlight Organization

In 2021, HGMH was selected through an international competitive process as a pre-designated Best Practice Spotlight Organization (BPSO) through the Registered Nurses Association of Ontario (RNAO). RNAO develops and promotes the use of evidence-based best practices - interventions proven to improve health outcomes. Although HGMH staff/physicians have long followed best practices when caring for patients, new practices emerge regularly, and must be evaluated and standardized. Over three years, in partnership with RNAO, HGMH is



implementing and evaluating best practices related to five areas to earn the official BPSO designation:

- [Preventing Falls and Reducing Injuries from Falls](#)
- [Alternative Approaches to the Use of Restraints](#)
- [Delirium, Dementia & Depression in Older Adults](#)
- [Care Transitions](#)
- [Person & Family Centred Care](#)

By putting the latest research into practice, reducing variation in care and eliminating interventions that have little effect, the initiative promises to further improve the quality of care that we deliver to patients. Visit the [RNAO BPSO initiative website](#) for more information.

External: Choosing Wisely Canada

HGMH is working through the Choosing Wisely Canada quality improvement status by becoming a Using Blood Wisely Hospital, by currently participating in Using Labs Wisely and by taking on a self-directed Choosing Wisely Quality Improvement Project.

External: Other

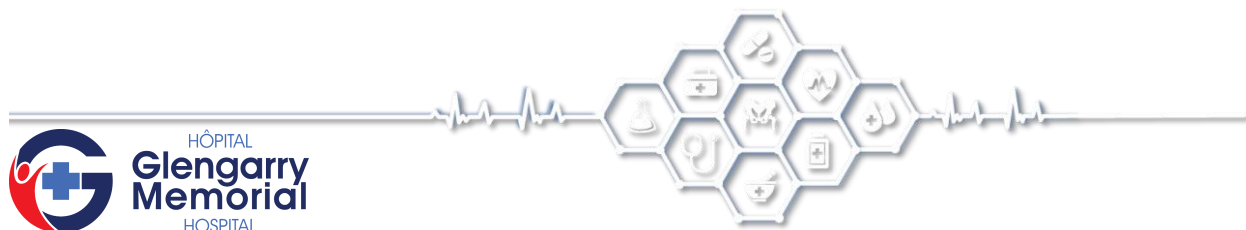
Patient safety is enhanced by ensuring our laboratory diagnostic testing and pharmacy standards, policies, and procedures are upheld. The HGMH Laboratory, governed by the Eastern Ontario Regional Laboratory Association is regularly assessed and accredited by the Institute for Quality Management in Hospitals (IQMH). The IQMH's mission is to elevate the integrity of the medical diagnostic testing system by providing rigorous, objective, third-party evaluation according to international standards.

The Ontario College of Pharmacists has an accrediting arm that is tasked with ensuring the HGMH pharmacy meets the requirements as outlined in the Drug and Pharmacies Regulation Act (O.Reg.264/16).

In addition to internal sources of data, HGMH utilizes data and information from several external sources to inform our quality and patient safety initiatives and advance our performance, such as:

- Health Quality Ontario (HQO)
- Canadian Institute for Health Information (CIHI)
- Institute for Safe Medication Practices (ISMP)
- Occupational Safety and Health Administration (OSHA)
- Institute for Healthcare Improvement (IHI)
- IPAC resources/accreditation

As an organization, HGMH holds itself accountable both through our internal structures and with our external partners. Performance at the unit and program levels is dually reported and actioned at internal committees with subsequent reporting to the Board. Accountability to



our external partners is demonstrated through such mechanisms as collaborative Quality Improvement Plans, joint initiatives, reporting of key performance indicators to regional and provincial bodies, and achievement of and adherence to standards and Required Organizational Practices of various accreditation bodies.

Conclusion

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 HGMH.

References

Health Quality Ontario

Excellent Care for All Act, 2010

Huron Perth Healthcare Alliance Patient Safety Plan 2021

