North Simcoe Muskoka **LHIN**

Integrated Patient Safety Plan for Home and Community Care
2018-2021

Updated February 2019

Ontario
Local Health Integration Network

Table of Contents

Introduction

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) Integrated Patient Safety Plan for Home and Community Care (HCC) outlines the organization's patient safety aims and key objectives that support a culture of patient safety and quality improvement in the organization. This plan is aligned with NSM LHIN's Integrated Quality, Risk and Patient Safety Framework for Home and Community Care and informs the development of other organizational plans such as the Annual Business Plan, Quality Improvement Plan and the Patient Safety Committee, Professional Practice Advisory Committee and Communities of Practice work plans.

This plan is founded on the principle that the Board, the staff and leadership at all levels of the organization, and the people and communities we serve, take an active, participative role in patient safety and quality. Patient safety does not rest with any one individual, team, or department but is the responsibility of all – patients, families, the Board, Leadership and staff, service providers, and other health system partners.

NSM LHIN Patient Safety Principles

To create a just culture of patient safety and quality improvement, NSM LHIN has adopted the following patient safety principles that guide employees, students and volunteers. These principles are documented within the Accountability for Patient Safety Policy.

1. The organization and each individual staff member share the accountability for ensuring the safest possible patient care and service. We share a collective commitment to quality improvement processes that are anchored in fairness, trust, and support the Code of Ethics for the Community Health and Support Sector.

2. Staff reports of patient risk events are a critical component of patient safety and must be reported diligently and without fear of reprisal by all staff.

3. The majority of risk events involve competent and caring staff interacting with complex systems. NSM LHIN supports staff when reporting events and responds to reports of errors, near misses and patient harm events by carefully examining and improving the systems of care (teamwork, staffing, training, supervision, environment, equipment, procedures, policies and resources).

4. NSM LHIN needs and values the participation of staff in the investigation of the system of care, and in creating and testing improvements.
   a. NSM LHIN creates and fosters a supportive environment for all staff to report risk events.
   b. NSM LHIN tracks events and identifies trends and patterns that require investigation and improvement.

5. NSM LHIN has a responsibility to address the actions of the individual(s) when their actions fail to meet professional patient care and/or service standards. These situations include:
    a. Intentional acts meant to harm or deceive.
    b. Physical or mental impairment of staff.
    c. Substance abuse by staff.
    d. Staff incompetence.

6. NSM LHIN is committed to providing staff with education and counselling to support practicing in a reliably safe manner. Should this fail to result in reliably safe practice, the situation will be treated as a staff competency issue in accordance with professional standards and Human Resource principles.

NSM LHIN Integrated Quality, Risk and Patient Safety Framework for Home and Community Care

The NSM LHIN's Integrated Quality, Risk and Patient Safety Framework for Home and Community Care demonstrates commitment to quality and safety at all levels of the organization including our contracted service provider organizations and vendors. The framework incorporates risk management; performance measurement; patient safety; staff and service provider safety; and quality improvement which are interrelated and coordinated throughout the organization.
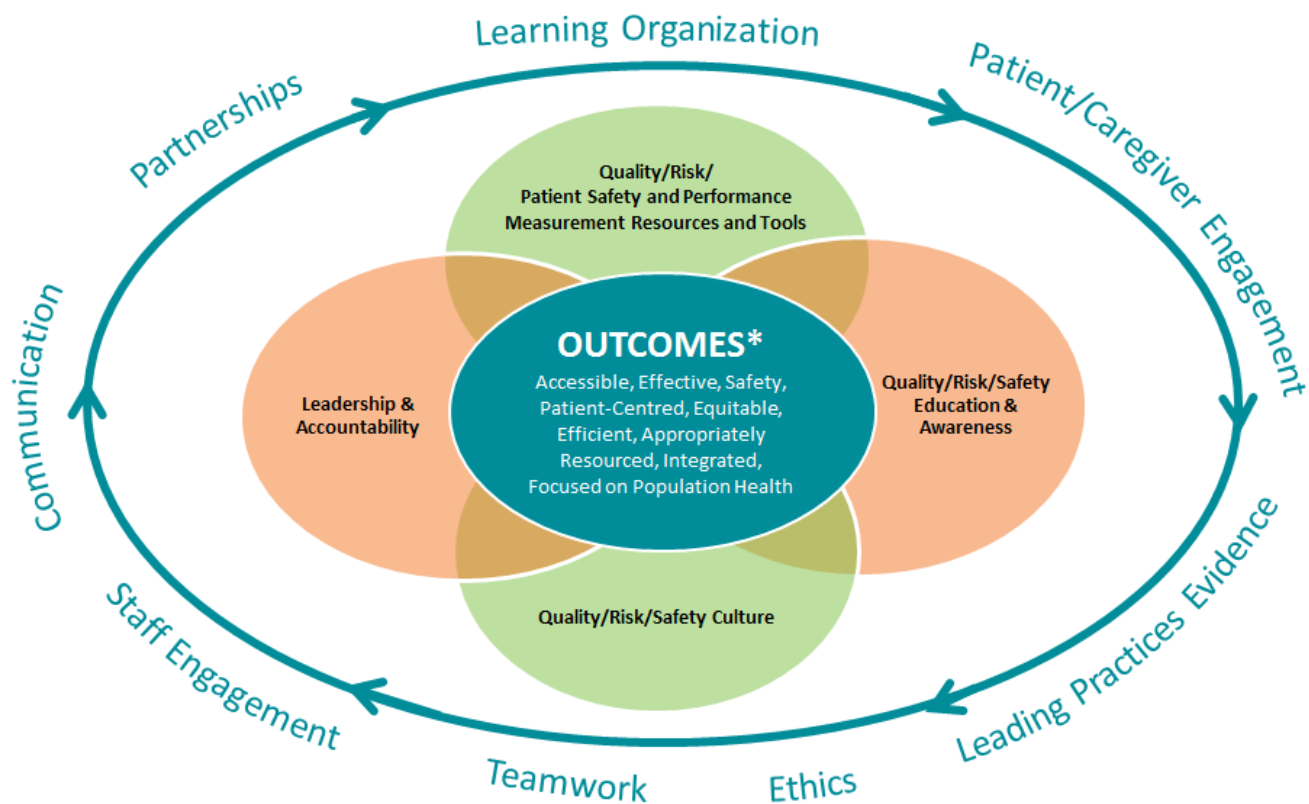
Quality, Risk and Patient Safety Elements and Enablers:

The Integrated Quality, Risk and Patient Safety Framework is composed of four elements and several key organizational enablers.

The four elements of the framework are:

1. **Leadership and Accountability** - Define and enable leadership and accountability for quality, risk and patient safety

2. **Quality/Risk/Safety Culture** - Nurture a quality and patient safety culture within the organization

3. **Education & Awareness** - Enhance quality /risk/ safety education and awareness skills

4. **Performance Measurement, Resources and Tools** - Identify and manage quality, risk, patient safety and performance measurement processes and tools

The key organizational enablers are the skills, knowledge, tools and resources that support a culture of patient safety and quality improvement. These include:
- Learning organization
- Patient/caregiver engagement
- Leading practices and evidence
- Ethics
- Teamwork
- Staff engagement
- Communication
- Partnerships

Patient Safety Aims and Key Objectives

Nurture an Integrated Patient Safety Culture within the Organization

1. **Assess the organization's patient safety culture annually**
    i. Complete the Accreditation Canada's Patient Safety Culture Tool annually.
    ii. Use the results from the Patient Safety Culture Tool to drive system improvement and a culture of patient safety and to inform the organization's annual Quality Improvement Plan (QIP) to Health Quality Ontario.

2. Build on A "Just" Culture that supports Patient Safety and Quality Improvement

    i.   Support a no-blame, systems approach to patient safety through engaging the care team (our patients/families, our staff, our contracted service providers and our health system partners) in the quality of care review process including incident analysis, identification of system improvement opportunities and the sharing of learnings.

    ii.   Ensure patient safety, risk and quality improvement are a key focus at HCC staff orientation, at staff education days and within team and committee meetings.

    iii.   Strengthen the use of patient and caregiver stories at meetings and staff events as tools to highlight patient experience, to celebrate our strengths and to demonstrate system improvement as a follow-up to patient safety events and patient complaints.

    iv.   Foster appropriate disclosure of and apology for critical patient safety events to patients, families, caregivers through the leadership and support of the Quality of Care Committee for HCC.

    v.   Continue to evolve the application of the Ethics Framework within the organization by linking ethical decision making principles to patient safety.

3. Foster Staff Engagement

    i.   Through the Patient Safety Committee and the HCC Communities of Practice, support staff in creating a patient safety culture that improves overall patient and staff experience.

    ii.   Strengthen the involvement of staff in the Quality of Care Review process as a means to facilitate a culture of trust and encourage communication across the care team about patient safety events and system improvement.

    iii.   Foster teamwork and collaboration through the discussion of patient safety issues and quality improvements initiatives at team meetings, Patient Safety Committee and the Communities of Practice.

    iv.   Embed accountability for patient safety and quality improvement in all new position descriptions as well as the performance review process.

4. Foster Patient/Care Giver Engagement

    i.   Support the meaningful engagement of our patients and families in the review of patient safety events and patient complaints to assist in identifying opportunities for improvement in the patient experience and in the provision of safe, quality care.

    ii.   Support the meaningful engagement of patients, families through the Patient and Family Advisory committee (PFAC) in organizational quality improvement initiatives including the development of the annual Quality Improvement Plan.

iii. Encourage patients/caregivers to take an active, participative role in their own safety by providing the tools and support to carry out this responsibility.

Define and Enable Leadership and Accountability for Quality, Risk and Patient Safety

1. **Continue to evolve the leadership and organizational infrastructure for accountability for quality, risk and patient safety**
   i. Identify key strategic and operational objectives that are aligned with patient safety and quality improvement within our annual business plan.
   ii. Apply risk management practices to the planning of new programs and services to ensure the identification and mitigation of patient safety risks.
   iii. Ensure Executive Management sponsorship for key quality and patient safety initiatives including the annual review and approval of the Quality Improvement Plan.
   iv. Collaborate with contracted service provider organizations in the development of the LHIN's and contracted service providers' Quality Improvement Plans.
   v. Evolve the role of the HCC Quality of Care Committee in providing leadership in the management, analysis and learning from patient and staff/SPO safety events and patient complaints.
   vi. Evolve the use of annual patient safety audits as a tool to evaluate contracted service providers contract compliance and quality improvement related to patient safety.
   vii. Ensure ongoing investment in leadership for quality, risk and patient safety throughout the organization.
   viii. Commit to best practices in patient safety and quality improvement through the adoption of best practices from the Canadian Patient Safety Institute (CPSI), National Patient Safety Agency, Health Quality Ontario (HQO), Accreditation Canada and other leading organizations for patient safety and quality.
   ix. Ensure organizational policies and procedures are reviewed at minimum every two years and support best practice in patient safety and quality

2. **Assist the Board with fulfilling their role in patient safety oversight**
   i. Ensure patient safety continues to be a strategic priority for the organization
   ii. Evolve the use of Patient and Caregiver stories at board meetings, as a tool to highlight patient experience, to celebrate our strengths and to demonstrate system improvement as a follow-up to patient safety events.
   iii. As part of our organizational risk identification, report to the Board those organizational risks which may impact on patient safety and quality of care.
   iv. Ensure Board sponsorship for key quality and patient safety initiatives through the annual review and approval of the Quality Improvement Plan.

v. On a quarterly basis, provide information on key patient safety and quality indicators to the Quality and Improvement Committee of the Board with oversight for patient safety and quality.

vi. Annually provide the Quality and Improvement Committee of the Board with a Patient Safety Incident and Quality Outcome report to demonstrate evidence of system and organizational improvement as a follow-up to patient safety events and patient complaints.

vii. Develop orientation and educational sessions for the Board to support their role in advancing the patient safety and quality agenda and in understanding their role in patient safety and quality.

Identify and Manage Quality/Risk/Patient Safety and Performance Measurement, Processes and Tools

1. **Continue to strengthen the incident analysis process in the review of patient safety incidents**

   i. As part of the Quality of Care Review process, continue to evolve the use of incident analysis methods and tools to identify system problems and key areas for improvement following a critical patient safety incident or where trends in a specific type of patient safety event is identified

   ii. Apply quality improvement methodology to business process improvements which lead to improved patient experience and patient safety.

   iii. Review patient safety data with staff to increase their awareness of the patient safety incidents and to identify trends in patient safety for further analysis and improvement opportunities.

2. **Strengthen reporting mechanisms for quality and patient safety with the Board, Leadership team and staff**

   i. Annually review and update the key patient safety and quality indicators for reporting and trending at the Board, Leadership and staff levels.

   ii. Strengthen role of the Patient Safety Committee in reviewing patient safety indicators and identifying trends for incident analysis and system improvement

   iii. Commit to ongoing improvement in patient safety and quality through the completion and submission of the annual Quality Improvement Plan (QIP) to Health Quality Ontario

Enhance Quality /Risk/ Patient Safety Education and Awareness Skills

1. **Organizational investment in leadership and staff development specific to patient safety and quality improvement**

   i. Develop, implement and sustain a formal patient safety education plan at the Board, Leadership and staff level

ii. Hold at minimum one annual education event for all HCC staff with focus on patient safety

2. **Annual Patient Safety Education and Events:**
   NSM LHIN has a number of educational programs and events in place that support patient safety and quality improvement. Appendix A is a list of the programs/events included. Where applicable, patient stories and patient safety event data will be included within these education session.

Sustainability

The Quality of Care Committee will be responsible to complete an annual refresh of the Integrated Patient Safety Plan which will inform the development of the Quality Improvement Plan and the annual work plans of various committees including Patient Safety Committee, Infection Prevention and Control (IPAC) and the Communities of Practice.

Appendix A - Annual Patient Safety Education Plan

Educational Topic	Details	Lead
Privacy Updates	Privacy overview provided at new staff orientation and leadership orientation. Annual update at staff education days – Privacy month (February) *Privacy Corner* in NSM LHIN staff newsletter (ad hoc)	Privacy Officer/ HCC Privacy committee
Ethics	Annual education - Ethics month (April)	Professional Practice
Patient Safety Education days	Annual Patient Safety Education day (November) - topics specific to patient safety and quality improvement Patient safety initiatives/best practices highlighted at all HCC education days	Professional Practice/ Quality and Risk
Infection Prevention and Control	Twice year at staff education days Annual e-learning modules	IPAC Lead
Placement Updates	Twice annually	Dir. Lead Placement/ Placement CoP
LTC Consent and Capacity Training	E-learning module for all new staff Annual competency testing for Care Coordinator/Placement Coordinators	Dir. Lead Placement/Placement CoP
Event Management and Event Management System Updates (ETMS)	Event Management training provided at new staff orientation and leadership orientation Twice annual education/updates at HCC education days Updates in NSM LHIN staff newsletter and on SharePoint page (ad hoc)	Quality and Risk
Occupational Health and Safety	Annually at staff education days Includes Workplace Violence Prevention	Occupational Health and Safety Lead
Healthy Workplace Month	Annually at staff education days	Occupational Health and Safety Lead
RAI Proficiency Training	Annual RAI proficiency testing specific to the assessment tool each staff uses	Educators