

2023-26 JBH Patient Safety Plan

According to the Canadian Patient Safety Dictionary ([Glossary of Terms.pdf \(patientsafetyinstitute.ca\)](https://patientsafetyinstitute.ca)), Patient Safety is defined as “the pursuit of the reduction and mitigation of unsafe acts within the healthcare system, as well as the use of best practices shown to lead to optimal patient outcomes”. A Patient Safety Plan defines how an organization will focus on reducing risk, preventing harm, and promoting optimal patient safety.

The structures and processes in place at Joseph Brant Hospital (JBH) to drive Patient Safety are included in our JBH Integrated Quality Framework:



With our patients and their families at the centre, our Framework considers the elements of care delivery that a patient will directly experience (feel, see, hear) through our clinical practice, our providers, our resources, and engagement. Moving outward, it provides examples of key processes that enable, support and guide those first-ring elements that are directly experienced by the patient. Patient Safety is explicitly identified here, although it is inarguably driven by the entire Framework. Finally, the Framework presents Improvement, Risk Management, and Planning as sets of integrated Quality processes. They are integrated both in terms of how they interact together, and how they influence and act upon the other elements and processes within the Framework. This is especially true in the case of our Patient Safety processes.

In the same way that meeting safety-focussed Required Organizational Practices (ROPs) have long been seen as the top priority for organizations participating in Accreditation Canada Quality programs, Patient Safety has consistently been the top priority for improvement at JBH. Improvement activities at JBH, typically follow the Institute for Healthcare Improvement’s (IHI) Model for Improvement. Whether it is explicitly asked or not, improvement activities should begin by answering the opening question “*How do we know that a problem or opportunity exists?*”. A Patient Safety problem or opportunity may become known due to one of the many external inputs considered by our JBH Integrated Quality Framework such as published evidence or changes in technology, or new guidance from advisory or accreditation bodies. Likewise, a Patient Safety problem or opportunity may become known through internal risk management processes such as risk assessment and monitoring activities, incident reviews and learnings, or data analysis.

The third set of integrated processes, planning, is applied to prioritize and align resources, and to organize efforts so as to ensure the success of Patient Safety-focused improvement activities. The interaction of these improvement, risk management, and planning processes has informed our “build-out” of our 2023-26 Strategic Direction to *Achieve Excellence in Quality Patient Care* from Multi-Year Goals to Annual Objectives and Initiatives that will move us forward in our never-ending Patient Safety journey.

The three Multi-Year Goals that will guide us in this Strategic Direction will not only require us to improve the reliability and effectiveness of many of our current patient safety processes, but will also require that we achieve transformational changes that will allow new levels of reliability and effectiveness to be reached.

The three Multi-Year Goals are:

1. Drive excellence through continuous implementation of evidence-based quality and patient safety standards.
2. Engage our people and key stakeholders in organizational initiatives and processes to drive a culture of continuous improvement
3. Execute our Digital Health Strategy.

These three Multi-Year Goals reflect the notion of a never-ending journey consisting of, both, incremental steps (continuous improvements), and a next level “leap”.

Multi-Year Goals	Year-One Objectives		Explanation
1.0 Drive excellence through continuous implementation of evidence-based quality and patient safety standards.	1.1	Meet 100% of Required Organizational Practices (ROPs).	The 29 ROPs based upon evidence-based practices are primarily focussed on Patient Safety, and have been central to harm prevention and reduction efforts at JBH for many years. Accreditation Canada surveyors will assess JBH for compliance in September 2023, and after that JBH will continue to self-monitor compliance act upon opportunities to optimize the impact of ROPs and other evidence-based practices on patient safety.
	1.2	Achieve 100% of QIP Indicator Targets and Work Plan deliverables.	The 2023-24 Quality Improvement Plan (QIP) features continued attention to Medication Reconciliation, Falls Prevention, Safe/Successful Transitions, and Work Place Violence measurement and prevention – which includes violence involving patients. These initiatives have been prioritized provincially over multiple years reflect ongoing patient safety priorities, or as in the case of Falls Prevention, have been prioritized by JBH based upon internal data and our commitment to harm reduction.
	1.3	Roll-out of Early Warning Score process to 100% of Medicine, Surgery and Post-Acute units.	The roll-out of this evidence-based practice is intended to improve mitigation of what is identified in the JBH Integrated Risk Management Risk Register as our top “Care” risk: Monitoring (JBH-termed Failure to Respond). Currently manual, this process will be optimized when JBH adopts an electronic medical record system.
	1.4	Progress 3 HIROC Risk Assessment Checklist (RAC) modules to “Complete”.	The Healthcare Insurance Reciprocal of Canada (HIROC) provides 32 Checklist Modules to assist hospitals in identifying and implementing evidence-based practices – most of which are aligned to mitigate risk of adverse events to patients.

Multi-Year Goals	Year-One Objectives		Explanation
	1.5	Complete, implement and evaluate Standards of Care in 100% of clinical areas.	Based upon the needs of a clinical area's patient population, certain patient safety practices are non-negotiable and hardwired into daily care delivery routines as Standards of Care.
	1.6	Establish standard approach for development and management of order sets that is consistent with best practice.	Clinical order sets provide health professionals support in making clinical decisions for specific conditions or medical procedures. They standardize the delivery of the critical components of "best" care.
2.0 Engage our people and key stakeholders in organizational initiatives and processes to drive a culture of continuous improvement	2.1	Increase the number of Patient/Family Advisor-informed design and improvement initiatives by 25% (i.e., from 30 in 2022/23 to 40).	Engagement of Patient/Family Advisors in the development and improvement of patient safety communication and education processes and materials has become a recognized best practice among hospitals, as well as a Accreditation requirement.
	2.2	New and completed improvement ideas generated by staff and physicians are tracked on 100% of unit and department Quality Boards.	Unit and department Quality Improvement Boards are being refreshed and leveraged as key tools to support huddle discussions focussed on <i>how we are doing?</i> and <i>how can we do better?</i> These discussions may be based upon indicator results, audit results, or learning opportunities arising from patient safety incidents. Staff, as those closest to their patients and those who live the work, will be supported in contributing their ideas and input into <i>how we can do better for our patients?</i> These regular discussions between leaders and those providing/supporting care delivery are important to achieving and maintaining an engaged workforce, aligned efforts, and culture of Patient Safety.
	2.3	Monitor and track implementation of 100% of recommendations arising from Critical Incident Quality Reviews to ensure sustainability.	While many patient safety initiatives originate externally as evidence-based practices to be implemented at JBH, our internal risk management processes also drive improvements to patient safety based upon reflection and organization learning, and help us strengthen our culture of Patient Safety.
3.0 Execute our Digital Health Strategy.	3.1	Achieve 100% of year 1 project milestones for preparatory projects to set foundation for a new Hospital Information System (HIS).	While the preceding Goals and Objectives are focussed on incremental steps: doing things better and/or doing better things, these final Goals and Objectives represent the preparation and ground work required to leap forward, and increase the return on our ongoing patient safety improvement efforts in the years ahead.
	3.2	Reach an agreement with a preferred HIS provider by March 31, 2024.	