

# Patient Safety Plan - Safety Behaviours for Error Prevention and Improved Quality Care 2020-2021



BIG DOT - Highest Safety and Quality Care

Outcomes	Strategic Directives	Strategic Objectives	QIP	Drivers	Key Initiatives	Measures
<b>Effective</b>  <b>Community</b> 	<ul style="list-style-type: none"> <li>Improve the health of the diverse community we serve</li> <li>Advance HRH as a community academic hospital</li> </ul>	<ul style="list-style-type: none"> <li>Formalize partnerships within the Northwestern Toronto Ontario Health Team framework, other healthcare organizations and primary care providers to meet the needs of the community</li> <li>Advance the partnership with Runnymede Healthcare Centre through the development-in-care model</li> <li>Grow targeted specialty programs that are responsive to the needs of our community</li> <li>Complete the development and implementation of the Command Centre's Generation 3</li> <li>Establish a Comprehensive Medical Education Program</li> <li>Establish a HRH Digital Healthcare Research Institute</li> <li>Explore opportunities for increasing the physical infrastructure for research.</li> </ul>	<ul style="list-style-type: none"> <li>Improve medication reconciliation at discharge</li> <li>Complete initial assessments for all palliative care patients</li> <li>Reduce emergency revisits following an emergency visit for a mental health condition</li> </ul>	<b>Process/Systems</b> <ul style="list-style-type: none"> <li>Sensitivity to operations</li> </ul>	<ul style="list-style-type: none"> <li>Continue physician's electronic med rec education and training</li> <li>Examination of palliative care assessment screens within Meditech</li> <li>Consistently refer discharged ED/EPU patients to ARCS</li> <li>Develop and implement care plans in collaboration with ED for high repeat users</li> <li>Platform development of Command Center Generation 3</li> <li>Relaunch NWT OHT collaboration</li> <li>Support LTC's post Covid-19 recovery</li> <li>Collaborate with Runnymede development-in-care model</li> <li>Explore opportunities for increasing physical infrastructure for research</li> </ul>	<ul style="list-style-type: none"> <li>81% of patients to have medications reconciled at time of discharge</li> <li>100% completion of 4 BPMH PDSA cycles</li> <li>100% compliance with palliative care chart audits</li> <li>100% new ED mental health patients referred to ARCs</li> <li>20% of patients who receive services from ARCs to return to ED</li> <li>100% of mental health high repeat users care plans developed</li> <li>Implement 1 QBP through Generation 3 &amp; complete platform development by March 31, 2021</li> <li>Complete NWT OHT 2 deliverables by March 31, 2021</li> <li>Implement 2 LTC's recovery plans by March 31, 2021</li> <li>Complete Runnymede project plan &amp; identify 3 targeted programs by March 31, 2021</li> <li>Establish a plan to implement an academic family practice program by March 31, 2021</li> <li>Implement 100% of the phase 3 Research Plan by March 31, 2021</li> <li>Recommend research facility locations/marketing solutions/feasibility analysis by March 31, 2021</li> </ul>
<b>Patient-Centered/Equitable</b>  <b>People</b> 	<ul style="list-style-type: none"> <li>Foster a culture of engagement and inclusivity to make a positive difference every day</li> </ul>	<ul style="list-style-type: none"> <li>Champion a people-centered workplace with excellent staff and physician engagement and experience</li> </ul>	<ul style="list-style-type: none"> <li>Acknowledge complaints within 5-business days</li> <li>Improve patient experience</li> </ul>	<b>Direct Care/Service</b> <ul style="list-style-type: none"> <li>Staff / physician / patient engagement</li> <li>Deference to expertise</li> </ul>	<ul style="list-style-type: none"> <li>Consistently enhance internal complaints database to improve compliance by doing weekly internal audits</li> <li>Monitor PDCC and provide specific performance and patient feedback to respective departments</li> <li>Equity/Inclusivity/Diversity Plan – Phase 1</li> </ul>	<ul style="list-style-type: none"> <li>100% compliance of weekly audits for internal complaints database</li> <li>100% process compliance of PDCC monthly reports</li> <li>100% Physician Engagement survey Action Planning &amp; Employee Engagement Survey Action Planning completed by October 31, 2020</li> <li>100% actionable items of Phase 1 Inclusivity and Diversity Plan implemented by March 31, 2021</li> </ul>
<b>Safe</b>  <b>Quality</b> 	<ul style="list-style-type: none"> <li>Achieve excellence in patient care by being a high reliability hospital</li> </ul>	<ul style="list-style-type: none"> <li>Achieve consistently high-quality, safe care and exceptional patient and family experience</li> <li>Continue to improve patient care through data driven analytics</li> </ul>	<ul style="list-style-type: none"> <li>Reduce number of workplace violence incidents</li> </ul>	<b>Leadership</b>	<ul style="list-style-type: none"> <li>Increase workplace violence prevention awareness</li> <li>Increase safety measures by flagging violent patients</li> <li>Implement special indicator (violence) in outpatient areas</li> <li>Drive business improvement through analytics in 2 programs</li> </ul>	<ul style="list-style-type: none"> <li>100% of workplace violence analysed with a root cause analysis</li> <li>100% reporting of flagged violent patients</li> <li>Continuation of implementation of special indicator (violence) in outpatient areas</li> <li>Create data democracy and literacy by March 31, 2021</li> <li>Meet QIP targets by March 31, 2021</li> <li>100% Year 1 Accreditation Readiness Plan implemented by March 31, 2021</li> <li>100% Year 3 BPSO requirements implemented by March 31, 2021</li> </ul>
<b>Timely</b>  <b>Service</b> 	<ul style="list-style-type: none"> <li>Achieve sustainable, responsive, and efficient growth and asset utilization</li> </ul>	<ul style="list-style-type: none"> <li>Provide sustainable, financial security to enable the hospital to achieve organizational priorities</li> <li>Accelerate the momentum of sustainable innovation through spread and scale across Local, Provincial and global health systems</li> <li>Continue to shepherd the development of a long-term-care facility</li> </ul>	<ul style="list-style-type: none"> <li>Reduce number of inpatients receiving care in unconventional spaces or ER stretchers</li> <li>Reduce ALC rate</li> <li>Improve number of discharge summaries sent to primary care providers within 48 hours of discharge</li> <li>Reduce time to inpatient bed</li> </ul>	<ul style="list-style-type: none"> <li>Pre-occupation with failure</li> <li>Reluctance to simplify</li> <li>Resilience</li> </ul>	<ul style="list-style-type: none"> <li>Continuous monitoring and consistent reporting of admitted ED patients waiting for an inpatient bed</li> <li>iPlan and CLHIN's Discharge Planning Pathway to manage ALC</li> <li>Implement BCA tools and associated dashboards</li> <li>Improve the timeliness of discharge summaries</li> <li>Revise IPOM and improve patient tracking by using RTLS</li> <li>Implement a framework for driving innovation accountability and fostering proactive improvement of systems and process</li> <li>Achieve project timelines for the development of a LTC facility</li> </ul>	<ul style="list-style-type: none"> <li>100% on daily reporting of number of ED inpatients waiting for an inpatient bed</li> <li>Zero inpatients in unconventional spaces</li> <li>Improved compliance with timelines for Discharge Planning Pathway for key steps</li> <li>Monthly creation and circulation of Chart Completion Delinquency Report</li> <li>Monthly monitoring time to inpatient bed to improve patient flow</li> <li>Complete implementation of case costing by March 31, 2021</li> <li>Establish a plan to maximize capabilities and operations of HIS and financial systems by March 31, 2021</li> <li>Implement the transition plan for sterilization and reprocessing by March 31, 2021</li> <li>Create awareness of new HRH branding by March 31, 2021</li> <li>Obtain approval for a solution development capacity plan and implement 25% objectives by March 31, 2021</li> <li>Complete the implementation of the framework for innovation accountability.</li> </ul>