



The Patient Safety Plan is designed to align with and support the SLMHC Mission, Vision and Values and is focused on mitigating risk in prioritized areas where improvements can be made. The plan is reviewed and updated every two years with a focus on items from the current Strategic Plan, Quality Improvement Plan (QIP) and current Accreditation Canada Required Organizational Practices (ROPs).

Patient Safety Priority & ROP	Objective	Planned Initiatives	Measures, Targets and Timeframes	Current State								Accountability
				2020-2021				2021-2022				
Maintain regular newsletter submissions ROP - Patient Safety Education & Training	Education to all staff, physicians and community members	Committee members to submit ideas / suggestions for newsletter topics to QPSL for review / approval. Newsletter will be distributed to SLMHC Staff, physicians and community via the SLMHC website	Improve staff and physician engagement with hospital quality and safety initiatives Increase community engagement with hospital quality and safety information being publicly available	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Patient Safety Committee, QPSL
Hand Hygiene Compliance at 90% ROP - Hand Hygiene Compliance	Decrease HAIs, keeping staff and patients safe	A minimum of 50 hand hygiene audits per month Maintain regular LEM, SAFE-T board, board reporting to increase knowledge of current state	Follow QIP targets (50-70, 70-80, 80-90%) Monthly updates in LEM, distributed posters, quarterly compliance on quality dashboard	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Patient Safety Committee and Management Team
Minimize occurrence of and injuries from patient falls in all hospital areas ROP: Falls Reduction & Injury Prevention	Work towards HRO (Zero Harm)	Improve event reporting process - more streamlined reporting (remove redundancies, non-required reporting fields) Staff Education re: efficient reporting and any reporting changes made	Review acute falls reporting requirements and ensure there's no duplication of required fields Quarterly education (via newsletter) regarding Risk Pro updates / reporting changes.	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Patient Safety Committee and HRO Leads
Improve Event Reporting Culture ROP: Med Reconciliation as a strategic priority	Decrease fear with event reporting	Remove "punitive" culture from event reporting Develop "event" vs. "incident" language & culture	Staff Education on purpose of event reporting and properly submitting an event report. Education for Management re: proper event follow up (ie: "second victim")	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Patient Safety Committee
Develop Med Rec plan at discharge ROP: Med Reconciliation as a strategic priority	Improve patient discharge communications to home community	Develop patient demographics of focus group for development of PODS Develop education for staff and physicians	Select group of patients that will have Med Rec on discharge completed with development of PODS (Patient Oriented Discharge Summary) Review best practice guidelines for Med-Rec Track on QIP Liase with Nursing Team on education development	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	QPSL, Patient Safety Committee, Nurse Managers, Outside Agencies
Improve tracking and communication of pressure injuries ROP: Pressure Injury Prevention	Increase patient safety and quality of patient care	Create "PRO-active" vs. "RE-active" culture - Pressure injury PREVENTION initiatives Pressure Injury education for staff and physicians	Develop relationship with inpatient rehab team on pressure injury prevention initiatives Regular newsletter submissions regarding pressure injury prevention and education for staff and physicians	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Patient Safety Committee, QPSL
Support "SAFE-T Huddles" ROP - Patient Safety Incident Management	Work towards HRO (Zero Harm)	Committee members to be liaisons between departments and committee to facilitate safety-focused work	Patient Safety Committee members to act as "Patient Safety Champions" in their respective departments Patient Safety Committee members to report back to committee on "Pain Points" brought forward during SAFE-T Huddles. Items to be reviewed and actioned as appropriate	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Patient Safety Committee, QPSL