

**2021-2023 AHI/TDMH Patient Safety Plan - Updated February 2023**

Key Initiative / Activities	Measure/ Indicator	Performance Target	Responsibility	Projected Timeline	Current Status
<b>OBJECTIVE: Support and engage team members and physicians in promoting a culture of safety and quality improvement</b>					
Conduct Accreditation Canada <i>Patient Safety Culture Survey</i>	Survey Results	Meet Accreditation Canada targeted response rate	Accreditation Lead	Q1: 2023	Complete
Integrate patient safety into team member performance review	% performance reviews completed with patient safety competencies	>75% reviews include patient safety competencies	Human Resources, Leadership	Q1: 2021	Complete
Conduct Leadership Safety Walk-about led by CEO. Board members, PFCC and Patient/Staff Safety leaders invited to attend.	# of rounds completed	Visit each department at both sites at least once annually	CEO/President	Ongoing	Ongoing
Update disclosure policy to reflect amendments to Regulation 965 under the PHA.	Disclosure policy approved	Disclosure policy approved	CNE/VP Clinical Services	Q1: 2023	Complete
Increase awareness of the importance of reporting patient safety incidents and a just culture	% of team members trained	100%	CEO/President AC Lead Clinical Educators	Annually	Complete
<b>OBJECTIVE: Engage and partner with patients and the community to advance patient safety</b>					
Update Patient Relations process to ensure patient focused and alignment with the <i>Excellent Care for All Act</i>	Patient Relations Program approved	Patient Relations Program approved	CEO/President		Complete
				Q2: 2021	Complete

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				Q1: 2023	Complete
Involve Patient Advisors in committee and quality improvement work	Patient Advisor participation on councils/committees as appropriate	At least 1 committee has patient representation, as appropriate	CNE/VP Clinical Services	Q3: 2022	Complete
<b>OBJECTIVE: Increase competency and knowledge of patient safety practices and process through training and education</b>					

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Educate and engage our staff on ways to provide a culturally safe environment	Patient Experience and % of staff education completion	Implement training in 2022. Roll out to staff 2022-2023 & upon all new hired team members	Chief Transformation Officer, VP Human Resources Manager, Patient Safety	Q4: 2023	In Progress
Provide patient safety education during orientatiion and refresh education annually	% of team members who attended patient safety education session(s)	>85% team member participation at education sessions	CNE/VP Clinical Services	Ongoing	Ongoing

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Develop Triage Training for Emergency Team members	% ED staff trained	Implement in 2022-2023	Clinical Educators	Q1: 2021	Complete
<b>OBJECTIVE: Support quality improvement through evaluation</b>					
Develop formalized mechanism for reporting patient safety and quality performance	Creation of report	Quality, Risk and Patient Safety Report	CEO/President Manager, Patient Safety		Complete
<b>OBJECTIVE: Create and revise policies, programs and processes to improve overall patient safety</b>					
Review process to reconcile patient's medications upon transfer from Intensive Care Unit to the Inpatient Areas	% patients with medications reconciled upon transfer	>90%	Patient Services		Complete

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Establish falls prevention program within ambulatory care areas	Falls Prevention Program Approved	Falls Prevention Program Approved	Chief Transformation Officer, VP Human Resources		Complete
Implement Team Huddle Boards in all clinical areas	% of areas with Huddle Boards	100%	Patient Services / Quality Improvement	Q3: 2022	Complete
Establish and uses mechanisms for timely and accurate transfer of information at transition points (i.e. transfer forms, checklists)	% of transfers of accountability (TOA) forms being accessed	100%	Inpatient Clinical Leaders	Q1: 2023	In Progress
	% of patients being engaged in bedside TOA	>90%			In Progress
Implement ED Gridlock & Bed Flow Policy	% of patients transferred out of ED under 4 hours	100%	Patient Services & Patient Experience	Q1: 2022	Complete

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Implement Patient Discharge Checklist	% completion of checklist for all discharges	100%	Patient Services & Patient Experience / Clinical Education	Q1: 2023	In Progress
Regional Mental Health Pathway to support safe transfer of patients experience acute mental health concerns to schedule 1 facilities	Creation of pathway	100%	Clinical Services & Patient Experience	Q1: 2021	Complete