



**Patient Safety Plan**

*2026-27*

## Introduction

Hanover and District Hospital (HDH) is strongly committed to ensuring that patient safety is the underpinning of all of our programs and services in our goal to deliver exceptional patient care. Patient safety is paramount, and HDH promotes a culture of patient safety.

The notion of ensuring patient safety begins with HDH's Strategic Plan. The strategic direction to *Provide High Quality Patient and Family-Centered Care* is at the forefront of operations and initiatives. For HDH, providing high quality patient and family-centered care means:

- We will provide exceptional care for all who come through our doors;
- We will monitor and measure our performance using quality metrics; and
- We will be laser-focused about caring for our patients, their families and our community.

Through this strategic direction, as well as the development of the Quality Improvement Plan and Risk Management Plan, annual safety goals are identified in collaboration with our staff, physicians, and patient advisors and through analysis of data. Each year, HDH strives to make continuous and sustainable safety and quality improvements.

## Guiding Principles and Framework for Patient Safety at HDH

HDH will refer to the Patient Safety Guiding Principles and Framework outlined in ADM 1-102: Safety & Quality of Care Framework.

## HDH's Commitment to Patient Safety

### 1. Structures that Support Patient Safety at HDH

#### **a. Board of Directors and the Quality Governance & Risk Management Committee of the Board**

In accordance with the *Excellent Care for All Act (ECFAA)* the Board of Directors is legislated to be responsible for patient safety and protections, and quality care. The Quality Governance & Risk Management Committee of the Board reviews patient safety metrics, safety initiatives, and safety related incidents and provides oversight of the annual strategic plan initiatives and the Quality Improvement Plan.

#### **b. Senior Leadership, Risk Manager and the Achieving Excellence Leadership Group**

Senior Leadership, Risk Manager and the Achieving Excellence Leadership Group are stewards of patient safety and quality across the organization; they are responsible for promoting a culture of safety and a no blame approach. The CEO is responsible to the Board for ensuring that patient safety measures and quality are upheld.

#### **c. Committees at HDH:**

The following Committees at HDH support patient safety;

- Patient Safety and Risk Management Committee;
- Infection Prevention and Control;
- Professional Practice & Product Evaluation Committee;
- Ethics;
- Patient and Family Advisory;

- Code Team Committee;
- Medical Advisory Committee;
- Occupational Health and Safety; and
- Medical Devices Reprocessing Committee.

**d. Risk Management Plan and HIROC Risk Management Assessment Plan**

HDH’s Risk Management Plan promotes continuous, proactive and systematic processes to understand, manage and communicate risk from an organization-wide perspective in a cohesive and consistent manner.

HIROC’s Risk Management Assessment Plan tracks and monitors associated risks in HDH’s operations by determining the probability of a risk occurring multiplied by the impact should that risk occur. The resulting risk scores inform priorities for action to mitigate risk.

**e. RL6 Patient Safety Incident System Incident**

Incident reporting and management is integral to HDH’s approach to patient safety. It is the responsibility of all staff, physicians, and volunteers, who observe, are involved in, or are made aware of an adverse event or near miss to ensure the incident is reported. Our RL6 system supports the documentation and tracking of patient safety incidents, findings, recommendations and actions/improvements. The RL6 system also allows for reporting of and follow through on feedback from staff, patients and caregivers.

All incidents and good catches are discussed/analyzed monthly at the Patient Safety and Risk Management Meeting. Quality Improvement projects are then developed to address patient safety issues and reduce the incidence of further occurrence. An incident report is then disseminated widely across the organization for all staff, physicians and volunteers and to The Board monthly for review. The Board receives quarterly reports on patient safety metrics via various reports.

**f. Violence Reporting Hotline**

Recognizing that it is important to report all incidents that breach patient safety in a timely manner, HDH has created a Violence Reporting Hotline so that staff can report incidents in a timely fashion. The incidents will then be entered into the RL6 system.

**g. Scope of Internal Safety Initiatives – Ongoing Patient Safety Programs and Initiatives**

<b>HDH Patient Safety Programs:</b>	
• Huddles	• Rounding – staff and patients
• Daily Discharge Rounds	• Leadership Patient Rounding
• Quality Safety Metrics	• Bedside Transfer of Accountability (TOA)
• Choosing Wisely	• Corporate and Unit Based Orientation
• Hand Hygiene Audits	• Clinical Education Calendars
• Patient and Family Advisory Committee	• Arm banding in ER

<ul style="list-style-type: none"> <li>• Vanessa’s Law</li> <li>• Falls Prevention Program</li> <li>• Audits: Documentation, Arm banding, PPE Donning &amp; Doffing, Falls, Bedside Whiteboards</li> <li>• Newborn Wellness Check-ups</li> <li>• Pharmacy Medication Reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Friendly Framework</li> <li>• Pressure Ulcer Prevention</li> <li>• Enhanced Observation Policy</li> <li>• Discharge Planning – Family conferences</li> <li>• Violence Reporting Hotline</li> <li>• Patient Alerts – Cerner</li> <li>• Medication Reconciliation</li> </ul>
<b>Patient Quality Metrics:</b>	
<ul style="list-style-type: none"> <li>• RL6 Incident Reporting (Med Errors, Falls, Good Catches, Hospital Acquired Pressure Ulcers)</li> <li>• Medication Reconciliation at Admission &amp; Discharge</li> <li>• Medication Reconciliation – transfer to surgical services</li> <li>• Hospital Acquired Infections (MRSA, C-Diff)</li> <li>• Surgical Site Infections</li> <li>• Surgical Safety Checklist</li> </ul>	<ul style="list-style-type: none"> <li>• Hand Hygiene Compliance</li> <li>• Patient Safety Culture Survey</li> <li>• Hospital Acquired Pressure Ulcers</li> <li>• Blood Bank – Routine Transfusions</li> <li>• Blood Bank – Urgent Transfusions</li> <li>• Laboratory Turn Around Time</li> <li>• Patient Infection Rates (MRSA &amp; C-Diff)</li> <li>• Venous Thromboembolic Prophylaxis (VTE)- Admission</li> <li>• Laboratory Turn Around Time – ER</li> </ul>
<b>Safety Program:</b>	
<ul style="list-style-type: none"> <li>• Immunization Programs</li> <li>• Emergency Preparedness Plan</li> <li>• Infection Prevention and Control Program</li> <li>• Preventative Maintenance Program</li> </ul>	<ul style="list-style-type: none"> <li>• Antimicrobial Stewardship</li> <li>• Accreditation Canada</li> <li>• Employee Safety/EFAP</li> </ul>
<b>Environmental Safety Issues:</b>	
<ul style="list-style-type: none"> <li>• Product Recalls</li> <li>• Drug Recalls</li> <li>• Product/equipment malfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Air Quality Reports</li> <li>• Infection Control Audits (ATP testing)</li> <li>• Workplace Violence (RL6)</li> <li>• Security Incidents (RL6)</li> </ul>

**h. External – Accreditation Canada Required Organization Practices (ROPs/RSPs)**

**Examples of HDH’s Performance Related to 6 Patient Areas of ROPs include:**

<b>Safety Culture</b>	<ul style="list-style-type: none"> <li>• Measurement of Quality Indicators</li> <li>• Program Councils focus on quality of care and patient safety</li> <li>• RL6 Incident Reporting System</li> <li>• Integrated Risk Management Program and risk assessment</li> <li>• Surgical Safety Checklist before and after procedures</li> <li>• Patient Safety Culture Survey</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Medication Reconciliation on Admission</li> <li>• Transfer of Accountability and Standardized Shift report</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff and Patient Rounding</li> <li>• Patient Quality Metrics</li> <li>• Secure “Connect MyHealth”, “PocketHealth” and process allowing patients to access their medical record</li> <li>• Discharge Summaries – sent to Primary Care Provider</li> </ul>
<b>Medication Use</b>	<ul style="list-style-type: none"> <li>• 90 Day medication reviews on long stay patients</li> <li>• Audits of VTE (Venous Thromboembolism Prophylaxis)</li> <li>• Antibiotics prophylaxis in surgery</li> <li>• Audits of safety reports for medications and Do Not Use abbreviations</li> <li>• Infusion Pump Training</li> </ul>
<b>Infection Control</b>	<ul style="list-style-type: none"> <li>• Monthly Hand Hygiene audits</li> <li>• Orientation and Staff/Volunteer education</li> <li>• PPE Audits</li> <li>• ATP Audits</li> </ul>
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>• Falls and Medication error reporting (RL6)</li> <li>• Quality Reviews and Quality of Care reviews (under Quality of Care Information Protection Act [QCIPA] for high risk and critical incidents</li> <li>• Risk Management Program</li> <li>• Risk assessments for falls, pressure ulcers, and medication reconciliation</li> </ul>
<b>Worklife/Workforce</b>	<ul style="list-style-type: none"> <li>• Workplace Violence Program</li> <li>• Workplace Violence During Care Transitions Policy</li> <li>• Grey-Bruce Police-Hospital Protocol</li> <li>• Non-Violent Crisis Intervention Program and training</li> <li>• Responsive Behaviour education (Gentle Persuasive Approach, Delirium, Dementia)</li> </ul>

**i. Additional Accreditation Bodies**

The HDH Laboratory is regularly assessed and accredited by the Institute for Quality Management in Hospitals (IQMH). Their mission is to elevate the integrity of the medical diagnostic testing system by providing rigorous, objective, third-party evaluation according to international standards.

In Diagnostic Imaging, the Mammography Accreditation program is reviewed and accredited by the Canadian Association of Radiologists. The following areas are assessed: personnel requirements, quality control, equipment specifications and breast image quality.

The Ontario College of Pharmacists has an accrediting arm that is tasked with ensuring the HDH pharmacy meets the requirements as outlined in the Drug and Pharmacies Regulation Act (O.Reg.264/16).

***j. External Partnerships***

HDH is committed to addressing Patient Safety at the system level, including working with our regional healthcare partners to develop a comprehensive Ontario Health Team that is capable of addressing patient safety and improving the quality of care.

HDH works closely with police services throughout the Grey-Bruce region. Most recently working together to create the Grey-Bruce Police-Hospital Protocol. This protocol ensures that patients are transitioned utilizing patient-centered approach that promotes safety from one provider group to another.

HDH has contracted an outside security firm to provide on-site security services in our Emergency Department on both a regularly schedule shift and as needed on a call-in basis. Security is often brought in to ensure the safety of patients experiencing a mental health crisis.

Infection Control consultant services is a partnership that was pursued to ensure patient safety. Dr. Michael Gardam provides infection control consultative support on an as needed basis.