



INTEGRATED QUALITY AND PATIENT SAFETY PLAN

2023-2027

Promising Progress, Pursuing Perfection



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Integrated Quality and Patient Safety Plan – At A Glance

The Integrated Quality and Patient Safety Plan is a guide on how staff at Stevenson Memorial Hospital will work to provide safe and quality care for our patients and local communities on a daily basis. The Integrated Quality and Patient Safety Plan provides the blueprint for how staff will support patients and how the organization will support staff in their endeavors. This plan is driven by our strategic plan, program planning, performance reporting, quality, safety and best practice.

Our Integrated Quality and Patient Safety Plan is Stevenson Memorial Hospital’s declaration and signal to our community of our unwavering commitment to excellence in the reduction of harm, advancement of high-quality safe care and a strong partnership with patients and families throughout our journey of ‘Promising Progress, Pursuing Perfection’. The plan also serves to communicate and disseminate corporate goals, objectives and action plans to all staff and physicians, and to influence our patient safety culture.

At SMH, we view improving the quality of care and services provided to our patients, their families, our staff, physicians and community as a principal purpose. This document articulates our systems level approach to defining our long-term commitment to improvement and to serve as a guide that supports a corporate wide focus of improvement priorities.

Background

Stevenson Memorial Hospital (SMH) is a 38-bed community hospital situated in the town of New Tecumseth within the Ontario Health Central Region. SMH was first built in 1928 and was re-built in 1964.

SMH is committed to providing safe, high quality healthcare as part of its mission, vision, values and strategic plan. We collaborate with a number of community agencies and external partners to support smooth transitions for our patients as they move through the health system.

Quality Dimensions of Care – Health Quality Ontario

How would you define quality health care? In Ontario we have taken a multileveled approach and have broken it down into six dimensions. The Quality Advisory Board of Ontario defines these elements as follows:

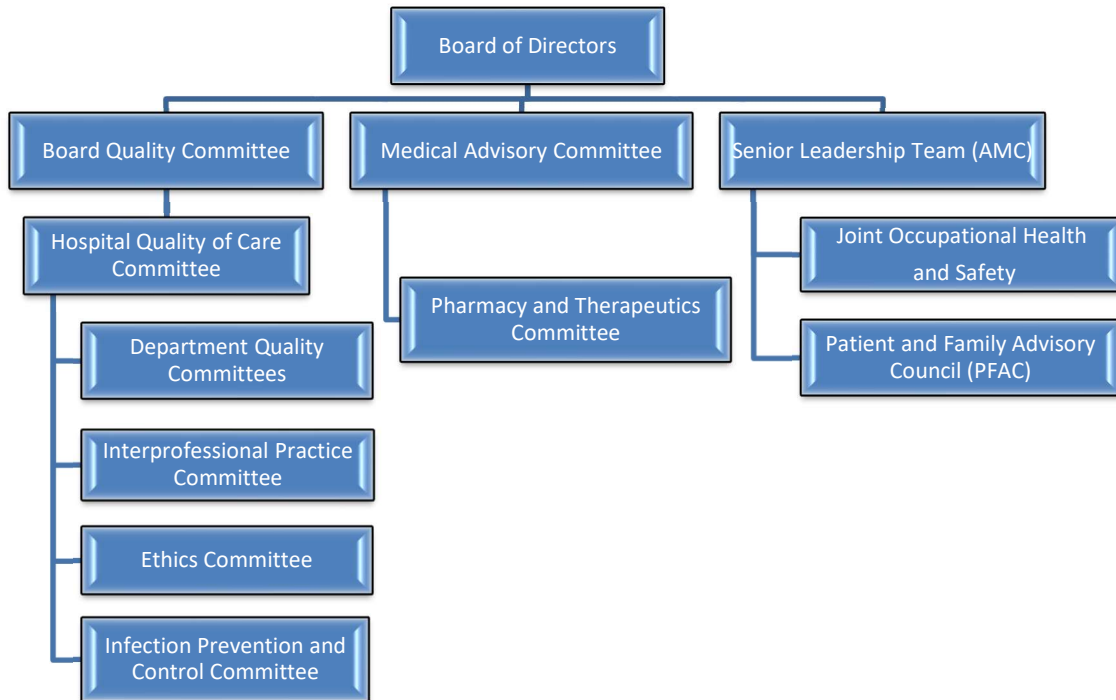
Element	Patient meaning	Provider meaning
<i>Safe</i>	I will not be harmed by the health system – physically, emotionally or otherwise.	The care my patient receives does not cause the patient to be harmed.
<i>Effective</i>	I receive the right treatment for my condition, and it contributes to improving my health.	The care I provide is based on best evidence and produces the desired outcome.
<i>Patient-Centered</i>	My goals and preferences are respected. My family and I are treated with respect and dignity.	Decisions about my patient’s care reflect the goals and preferences of the patient and his or her family or caregivers.
<i>Efficient</i>	The care I receive from all practitioners is well coordinated and efforts are not duplicated. The value of my time is respected.	I deliver care to my patients using available human, physical, and financial resources efficiently, with no waste to the system.
<i>Timely</i>	I know how long I have to wait to see a doctor or for tests or treatments I need and why. I am confident this wait time is safe and appropriate.	My patient can receive care within an acceptable time after the need is identified.
<i>Equitable</i>	No matter who I am or where I live, I can access services that benefit me. I am fairly treated by the health care system.	Every individual receives high quality care that is fair and appropriate to them, no matter where they live, what they have, or who they are.

<http://www.hqontario.ca/Portals/0/documents/health-quality/realizing-excellent-care-for-all-1704-en.pdf>

Accountability Structure

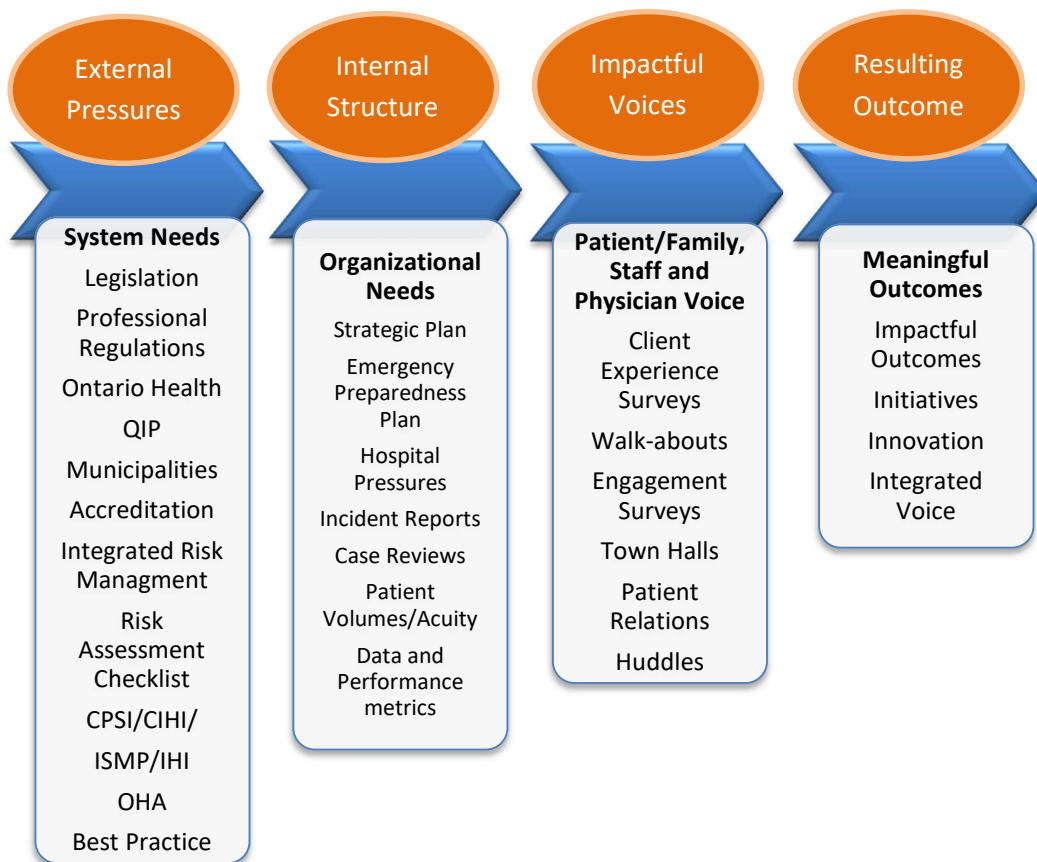
SMH has strategically designed the quality committee structure to align performance accountabilities with clear accountability lines to the Senior Leadership Team and SMH Board of Directors. Each program is accountable for its own Quality and Patient Safety results and report to the Hospital Quality Committee.

The SMH Quality Committee Accountability Structure:



Integrated Quality and Patient Safety – Workflow

There are many moving parts that all intertwine to support quality and patient safety at SMH. Quality and patient safety is a top priority and determining where to direct initiatives requires a multifaceted analysis of patient safety issues. To inform decision making, internal and external information supports a focused approach to continuous quality improvement. This workflow depicts some of the impacts on quality and patient safety.



The sources of information as depicted in our workflow serve to inform our yearly work:

Quality Improvement Plan

Legislated, publicly-documented set of quality commitments that a health care organization makes to its patients, staff and community on an annual basis to improve specific quality issues through focused targets and actions that are standardized across the province. The Quality Improvement Plan (QIP) is a formal plan developed to support system-wide quality improvement. Submitted annually and outlined by the Excellent Care for All Act, the QIP exemplifies our commitment to the quality of care we provide. Plan development involves system level engagement with our interdisciplinary teams, provincial stakeholders, patients, Patient Family Advisors, physicians, leadership and Board of Directors. With the QIP, we outline annual performance targets, associated rationales for those targets and change plans. This serves as a foundation of continuous quality improvement.

Accreditation

Assessment that provides an independent, third-party review of the organization using standards built upon best practices used and validated by like organizations around the world.

Integrated Risk Management (IRM)

Continuous, proactive, systematic approach to the identification, assessment, management and reporting of key organization risks. It is a framework driven by management to better identify, understand and respond to all types of risk. It helps identify risk by quantifying potential impact and likelihood, prioritizing and identifying risk management strategies to bring risk to acceptable levels. At SMH, the program continues to mature and evolve since the first report in spring of 2013. The IRM assists Senior Leadership and the Board of Directors to understand risks arising across the hospital and how risks might impact the organization's strategy and objectives.

Emergency Preparedness Plan

A document managed by the Emergency Planning Committee that provides clear direction for staff and leadership to follow in the event of an emergency situation to ensure business continuity.

Incident Reporting System

In July of 2022 Stevenson Launched a new incident reporting platform to assist communication and collection of factual information in relation to any occurrence, incident or near miss and allows for investigation, documentation and analysis of incidents organization-wide.

Risk Assessment Checklist

An innovative tool enabling healthcare organizations to systematically self-assess compliance with evidence-based mitigation strategies for the top identified risks in healthcare.

Quality of Care Reviews

The act of reviewing patient experiences through the lens of all care providers for the purpose of improved quality of care and patient safety.

Safety Huddles

A forum for all staff, at all levels to come together in a common forum for open communication to discuss concerns, provide feedback on current initiatives, recognize staff and provide education as needed.

Patient Experience Surveys

Stevenson utilizes patient feedback surveys through a designated vendor allowing for confidential, structured, and benchmarked surveys in order to better understand how patients and families experience their care. Subsequently this information helps identify, drive and monitor experience related initiatives.

Organizational Data

Data is collected in various forms organizationally and presented on scorecards, in reports and is used to drive quality improvement that enhances patient safety. The Balanced Scorecard is a dashboard that includes a set of measures for monitoring operational performance that support SMH's strategy including Safe Quality Care, Patient Experience, and Power in Partnerships, Financial Health and People. Annually, SMH reviews priorities and develops a Board Corporate Scorecard that reflects the organization's responsibilities and accountabilities.

Patient and Family Advisory Council

At SMH, the patient's perspective is vital in our ability to deliver quality care. Partnering with our patients serves to support improved outcomes, patient experience and contribute to the overall quality of care. In addition to our partnership with patients, our Patient and Family Advisory Council, comprised of past patients, family members and caregivers, offer key insights and perspectives about the delivery of healthcare services at SMH.

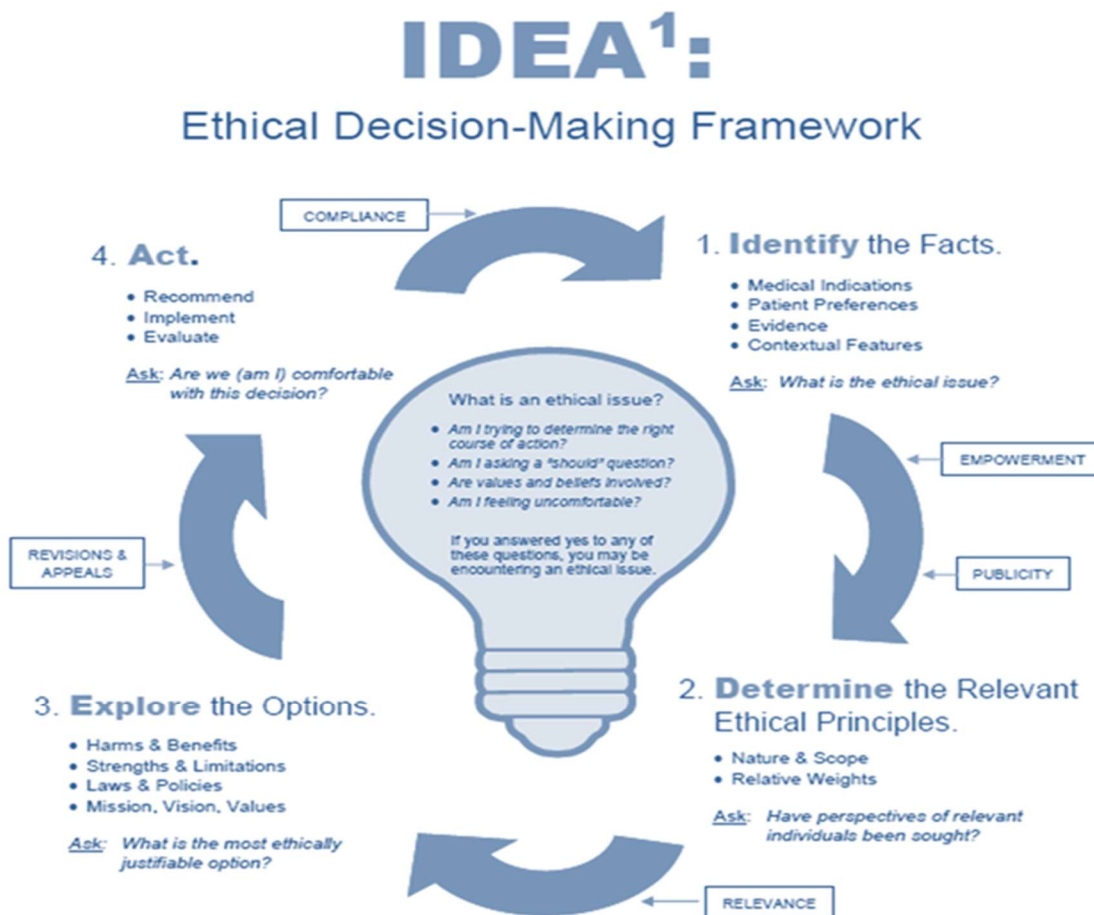
Facilitation of Success - Tools

At SMH, we are on a journey to improving quality and patient safety using a number of Lean principles and methodologies. For example, Value Stream Mapping (VSM) is a team-based activity where we examine process steps to highlight opportunities in the current system and work collaboratively to develop solutions. Additional approaches include rapid improvement events, daily improvements, and a set of practices for improving workplace organization and productivity (5S). SMH has adopted the 'Plan Do Study Act' model used to facilitate all quality improvement opportunities with the goal of securing the best outcome with the best fit for the organization.



Ethical Decision Making

As an organization, we support our patients and families in making decisions on a daily basis. We have policies and procedures to support us in our decision-making; however, in some situations, knowing or doing the right thing may be unclear. Anyone who identifies an ethical dilemma is encouraged to apply the IDEAS Framework to enhance and guide ethical decision making and practice. In addition, staff can access the Ethics Support group and the Ethics Committee for further information and support.



¹ The IDEA: Ethical Decision-Making Framework builds upon the Toronto Central Community Care Access Centre Community Ethics Toolkit (2008), which was based on the work of Jonsen, Seigler, & Winslade (2002); the work of the Core Curriculum Working Group at the University of Toronto Joint Centre for Bioethics; and incorporates aspects of the accountability for reasonableness framework developed by Daniels and Sabin (2002) and adapted by Gibson, Martin, & Singer (2005).

Integrated Quality and Patient Safety – Framework

