Learning from the Patient Safety Champions
November 24, 2017
Audio for this webinar must be accessed via telephone:

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Participant Access Code: 1339131

This webinar will be recorded.
Welcome!

• A partnership between CPSI and HCC
  – National Health Leadership Conference
• Recognizing champions who shown leadership and improved patient safety through patient and family engagement
• Sharing knowledge, spreading innovation
• Engaging and learning from others
Format

• About the Patient Safety Champion Awards
• 3 presentations (15 minutes each plus 5 minutes for questions)
• Final Q & A
Sharon Nettleton is one of the founding members of Patients for Patient Safety Canada (PFPSC).

Some of Sharon’s most memorable contributions to PFSPC include developing the initial charter, vision, mission and priorities for PFPSC; PFPSC’s Disclosure of Harm Guidelines; and participating in the development of the Canadian Incident Analysis Framework and Patient Safety and Incident Management Toolkit and speaking about the importance of patients/families as fully engaged partners in the healthcare system. Sharon is involved in the National Patient Safety Consortium and a member of the Executive Committee.
2017 Awards

Winner: North York General Hospital

Honourable Mentions:
Holland Bloorview Kids Rehabilitation Hospital
Peterborough Regional Health Centre
NEVER EVENT ACTION TEAMS
AN INNOVATIVE APPROACH TO IMPROVING PATIENT SAFETY
North York General Hospital
Presenters

Barbara Sklar – a retired Registered Nurse and Educator, Patient/Family Advisor as well as committee member for Health Quality Ontario, the Ontario Ministry of Health and a member of Patients for Patient Safety Canada.

Katie Anawati - Patient Safety & Risk Specialist with the Patient Experience.

Renee Blomme - Manager, Patient Experience & Corporate Risk
### Who We Are – North York General Hospital

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Branson</strong></td>
<td>Ambulatory Care</td>
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<td><strong>General Site</strong></td>
<td>426 Acute Care Beds</td>
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<td><strong>Seniors’ Health Centre</strong></td>
<td>192 Long-Term Care Beds</td>
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<tr>
<td>&gt; 100,000</td>
<td>Emergency Department Visits</td>
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<td>&gt; 200,000</td>
<td>Outpatient Visits</td>
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<td>30,000</td>
<td>Inpatient Cases</td>
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<td>6,000</td>
<td>Births</td>
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Who We Are – Our Strategy

VISION:
Excellence in integrated patient-centred care through learning, innovation and partnerships

CONNECT
Care through Partnerships

TRANSFORM
Care through Applied Research and Innovation

ADVANCE
Care through Learning and Teaching

DELIVER
High Quality, Safe and Accessible Care

People and Culture

Care Environments

eHealth

Funding and Philanthropy

OUR PATIENTS COME FIRST IN EVERYTHING WE DO
Excellence
Respect
Integrity
Compassion

MISSION: Providing exceptional health care to our diverse communities
Never events have been described as “patient safety incidents that result in serious patient harm or death, and can be prevented using organizational checks and balances”. In September 2015, the Canadian Patient Safety Institute (CPSI) delineated fifteen “never events” for hospital care in Canada, focusing on adverse events that have been demonstrated to be reliably preventable.

In an effort to align with the CPSI and to support the elimination or reduction of organizational never events, North York General Hospital (NYGH) has pursued the creation of fifteen Never Event Action Teams (NEATs) to lead the identification, development and implementation of strategies to mitigate and decrease the likelihood and/or severity of all fifteen never events.
Via the development of a comprehensive governance framework that purposefully integrates Patient & Family Advisors (PFAs) at each level of its structure, the NEAT initiative seeks to demonstrate that significant patient safety outcomes can be achieved when organizations work in meaningful, collaborative partnership with empowered patients and families.
NEAT Governance Structure

- Quality Committee of the Board
- Senior Leadership Team
  - Executive Sponsor
- Quality of Care Committee
- NEAT Steering Committee
- NEAT Project Teams
NEAT Implementation Process

**Identification of NEAT Leads**
Appointed by the project secretariat, each of the fifteen NEATs is led by a program director-physician leadership dyad.

**Establishment of NEAT Committee**
In an effort to ensure appropriate representation of all involved clinical specialties and corporate departments, NEAT leads are encouraged to establish committees that are inter-professional in nature. All NEAT committees are also supported by a dedicated PFA.

**Prioritization of Action Plans**
Using a standardized template, each NEAT is directed to identify, delineate and prioritize a series of action plans that will seek to address and/or mitigate risks related to the NEAT’s prescribed never event.

**Onboarding to the IRM Risk Register**
In December 2016, a process was initiated to onboard each of the NEATs to the organization’s Integrated Risk Management (IRM) Risk Register platform. Supporting the tracking and efficient coordination of all NEAT activities, the IRM Risk Register software has also been leveraged to support real-time reporting to the Quality Committee of the Board, the Senior Leadership Team and the Quality of Care Committee.
Outcomes and Results

Identified by the Patient and Family Advisory Council (PFAC) as a significant risk to patient safety and well-being, NEAT #9 (Hospital-Acquired Pressure Injuries) was launched in April 2016.

Leveraging the existing structure and membership of the organization’s Hospital-Acquired Pressure Injury Committee, NEAT #9 subsequently spearheaded the development and introduction of a novel, comprehensive approach to pressure injury prevention and clinical management. Quality improvement activities associated with the new model of care delivery included:

- Creation of a monthly dashboard to facilitate the tracking of identified wounds
- Implementation of a pressure injury education program, whereby 200 frontline nurses and 40 wound care champions have received in-depth training in pressure injury prevention and care
- Launch of a health teaching pamphlet on pressure injuries for patients and families
- Conduction of a comprehensive bed surface survey, which facilitated the purchase of 286 new specialty bed surfaces
- Corporate streamlining of wound care products
The Patient & Family Perspective

Key learnings from involvement in the NEAT initiative include:

- Recognizing the immeasurable value of integrating the patient and family voice in project planning and implementation
- Understanding and meeting the needs of patients and families through project action plans
- Appreciating the importance of creating resources and opportunities for health teaching with patients and families
Thank you

For more information, please contact:
Renee Blomme (renee.blomme@nygh.on.ca)
Katie Anawati (katie.anawati@mail.utoronto.ca)
Harnessing the Untapped Potential
Driving Quality Together with Clients and Families

Sonia Pagura – Senior Director ~ Quality, Safety and Performance
Laura Oxenham-Murphy – Manager ~ Quality
Overview

Strategy – Enhancing partnerships and building capacity

FLAG – building common understanding

Building for Success – planning and tools

Proud Moments

Next Steps
### Three Accreditation cycles

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<tr>
<td>Client and Family Integrated Care (CFIC) Created</td>
<td>Quality Improvement Plan (QIP) Measure - # of Family Leaders Recruited; Family Leadership Program Formally Established</td>
<td>Bloorview Research Family Engagement Committee Established</td>
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<td>Family Leadership Program: Development of Engagement Strategy</td>
<td>QIP Measure - % of Committees with a Family Leader</td>
<td>Provincial and National Committee Presence and Invited Speakers</td>
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<td>Institute of Patients and Families – Training for Families and Staff</td>
<td>Family Leaders Full Members of Quality Committee of the Board</td>
<td>Creation of Family Leaders Accreditation Group (FLAG) and Patient Safety Education Program (PSEP) Training</td>
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<td>Advancement of CFIC–Faculty, Advisors, Mentors</td>
<td>Health Standards Organization Co-Chair and Accreditation Canada Surveyors</td>
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<td>Province Wide Training Initiatives (e.g. Autism Ontario)</td>
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Our Family Leaders:

• Membership on committees & working groups throughout the hospital – 100% of the time

Committees (examples)
• Quality Committee of the Board – Governance
• Strategic Planning (no boundaries) – executive committee
• Quality Steering Committee – Strategic
• Quality, Safety, Privacy, Risk Committees – Strategic/Operational
• Professional Advisory Committee - Strategic
• Electronic Health Adoption Steering Committee – Strategic
• Accreditation Committee - Strategic

Working Groups
• Integrated Coordinated Care Plan (Executive Sponsor)
• Electronic Health Record
• Medication Management
Client and Family Centred Care - Accreditation

1. Client and Family Centred Care – embedded within each standard

- Create an organizational structure and culture that supports the implementation, spread and success of a CFCC model
- Include client and family representatives on advisory and planning groups
- Have client and family centred care as a guiding principle
- Partner with clients in planning, assessing and delivering care
- Co-design services with healthcare providers and clients
- Include clients and families as part of a collaborative care team
- Monitor and evaluate services and quality with input from clients and families
"Rehabilitation forms the strong foundation where improved quality of life flourishes. Enabling and encouraging leadership sets the stage for it all to happen."

Joe Evers, Family Leader

"Visiting my son daily [at Holland Bloorview], I experience the critical importance of quality care and safety. Collaborating in setting standards allows me important involvement in his care."

Susanne Joffre, Family Leader

"This partnered experience has expanded my learning and perspective about what is necessary to create a culture that embraces quality, safety and excellence; while, using best practices and establishing our own leading practices as trailblazers in paediatric rehabilitation."

Aisha Khan, Family Leader

"Accreditation is important to me because it reaffirms my confidence in the hospital's steadfast commitment to quality and safety."

Adrijene Zaremi, Chair of the Family Leader Accreditation Group (FLAG)

"Our children are precious! As parents, we are the main advocates for their safety and want them to receive the best possible quality of care."

Les Feddeman, Family Leader

"It has been an extraordinary experience to participate as a family member in a process in which the patient and family voice is not only valued but drives the excellence of the work that is done at Holland Bloorview. This approach honours the importance of the lived experience of our children and families."

Aisha Khan, Family Leader (Aisha's Child is pictured)

"Involving families in the process allows us to ensure the improvements we're making really do improve the lives of clients and families."

Joanne Downing, Family Leader

"The best way to implement organizational [systemic] changes that will benefit everyone is to include the voices of many during any change process."

Aisha Khan, Family Leader (Aisha's Child is pictured)

"Participating in accreditation has been an authentic partnership where we feel heard, respected, our opinions are values and our recommendations are acted on."

Vivian Low and Bruno Geremia, Family Leaders
Ensuring Skills and Training for Family Leaders

• Executive Leadership taking a leap of faith in fiscally challenging times to ensure innovation thrives even while creating and testing the journey … live PDSA

• Providing training partnered with the Canadian Patient Safety Institute (CPSI) to families to authentically partner in accreditation
  ✓ CPSI Certification provided at the end of the session
  ✓ Opportunity to be trainers at the national level
  ✓ Training of Holland Bloorview Staff

• Setting an immediate and future vision of partnering effectively with families to drive quality and safety
Family Leaders driving structure, format and content
Engaging Families and Youth in Accreditation … changing the conversation

- Embedding Family Leaders within each team
- Creating a committee structure (FLAG) to plan and discuss standards
- FLAG holds the accountability of ensuring the organization is meeting the Client and Family Integrated Care (CFIC) criterion
- Formal reporting structure … input and feedback at all levels
- Executive Sponsorship in initiatives
- Consistent communication
Tools to Enhance Partnership

Each FLAG member received:

• A Thank You letter from our CEO
• 1 hour orientation and an Accreditation Binder
• Tip sheets, Frequently Ask Questions (FAQs)
• Time line for the accreditation process and the time expectations for Family Leaders
• Notes highlighting key standards and Required Organizational Practices (ROPs)
• Questions to keep in mind surrounding standards that would be working through
• Biographies and contact information for all core team members
• Solution Focused Coaching

Rehab & Complex Continuing Care Accreditation Dream Team: Putting a Face to a Name

Shawn Wade: I am the Senior Director of Rehab & CCC. I spend most of my time on the 3rd floor but I can be spotted throughout the organization. I am a Natural Leader based on my numerology life path and I have a passion for gardening.

Elaine Waddell: I am the Operations Manager of the Brain Injury Rehab Team. I spend most of my time in 3West but I can be spotted throughout the organization. I am a Teacher based on my numerology and I have a dog who loves to sing to opera.

Maryanne Felli: I am the Clinical Resource Manager on Complex Continuing Care. I spend most of my time on 3East but I can be spotted throughout the organization. My life path is a Teacher and I like spending time with family, hiking and camping.

Ana DiMambro: I am a Nurse Clinical Educator. I spend most of my time on BRT and CCC providing support to nurses both clinically and professionally. I am a Researcher based on my numerology life path and like spending time with my family, reading and swimming.

Andrea Hoffman: I am a Developmental Pediatrician, working on CCC and the inpatient respite program. I am a Progressive Thinker according to my numerology life path and have a black belt in Shotokan karate.

Andrea Rabel: I am a Physiotherapist on the SODR team. I spend most of my time with our clients in the gym on 2West. My Life Path indicates that I am a Humanitarian and I enjoy sports, gardening and spending time with my children.

Carolyn Li: I am the Clinical Dietitian in Complex Continuing Care inpatient unit and Outpatient Feeding Clinic. I am also part of the Brain Injury Rehab and Specialized Orthopedic and Developmental Rehab teams. My life path is a Builder and I enjoy spending time with my children, cycling and rock climbing.

Carolynn Glushoff: I am a Registered Nurse in Ambulatory Care and the Day Patient Program Coordinator. I am owned by an 11.5 yr old Shitzu-Pug and a 15 yr old Malti-poo who collaborate to take me on short walks and to the ice cream truck for afternoon treats. I sit on the board of Pride Toronto where I thoroughly enjoy the trials and tribulations my position brings.

Claire Prescott: I am the Clinical Resource Leader for the Brain Injury Rehab Team. According to numerology I am a Humanitarian. You may not always get my sense of humor as I am British. I have a passion for swimming and card making.

Cynthia Beringer: I am a Recreation Assistant on the Therapeutic Recreation & Life Skills team. You can usually find me evening and weekend’s working with clients on the BRT/SODR and CCC units. I am an elementary school teacher. During my free time, I enjoy motivational speaking, swimming and downhill skiing.

Eline McKay: I am a discharge planner and occasional intake coordinator, for BRT, SODR, CCC and Day Program. My life path is a Builder and these are skills I utilize both at work and at home. My passion is spending time with my family.

Heidi Schwantje: I am a Collaborative Practice Leader for a number of allied health information.

Joanne Downing: Family Mentor – Family Leader. I am a mother of 3 teenagers all born 3 1/2 years apart while we lived in London England. Prior to being a mom, I worked for a Bank in the Control and Compliance Department. I seem to be at Holland Bloorview most days, bringing my son to many programs or attending meetings for a large variety of projects. Based on my numerology life path, I am a determined individual who pays attention to detail. I enjoy travelling, shopping and being with my family and friends.

Jorge Santos: I am a Registered Nurse. For the past 19 years I have had the pleasure of working with children on the Complex Continuing Care Unit. I spend most of my time on 3East or visiting the west wing. Based on my numerology life path, I am a Natural Leader. I enjoy travelling, running, swimming and working out.

Kim Krog: I have 35 years of pediatric nursing experience. I started my career at Sick Kids working in Neurosurgical Unit and moved to Post Anesthetic Care Unit. In 1991, I transferred to Holland Bloorview Kids Rehabilitation Hospital where I held the positions of: frontline nurse, educator, nursing informatics coordinator and am currently a Collaborative Practice Leader. I completed my BSN at York University in 2006, and obtained a Certification in Rehabilitation Nursing through the Canadian Nurses Association in April 2006 and completed my Masters focusing on Leadership and Management in 2012. In my role as Collaborative Practice Leader, I am focused on ensuring that clinicians have the tools and procedures they need to provide excellent care to clients and families.

Kumuthini Penniah: Family Leader. I am mother of two teenagers aged 18 and 14. Before I joined as a family leader, I was working as a personal support worker. After I had my son, I have been taking care of him for the last 14 years. My son has several health problems. I spend lots of time in various programs at Holland Bloorview with my son to help him improve his health physical condition. I like to meet people and help people. I also like travelling, shopping and watching TV.

Laura Owenham-Murphy: I am the Manager of Quality in the Quality, Safety & Performance Department. I spend most of my time on the 5th floor but can be spotted around the organization. Based on my numerology I am a natural politician and I enjoy being active and spending time outside.

Lindsay Wright: I am an O&TA (occupational therapy assistant) and I work in inpatient BRT. I am a progressive thinker based on my numerology life path and I love to bake with my nephew.

Mary Stewart: I am a Clinical Neuropsychologist on the inpatient Brain Injury Rehabilitation Team. I spend most of my time on the 2nd floor in my office writing reports, but I am frequently seen on the 3rd floor as well as at Tim’s. According to my numerology life path, I am a researcher which is great to know since I love the thrill of investigating clinical outcomes after brain injury.

Robyn Sanford: Coordinator, Participation and Inclusion. Work directly with Inpatient Therapeutic Recreation, Therapeutic Clowns and the Art programs. Apparently a Humanitarian but mostly a hockey mom/coach and avid cottager when the pond’s not frozen!

Sarah Bogner: I am a Speech-Language Pathologist on BRT but I have also worked on SODR and CCC. My numerology Life Path is a Researcher. I spend a lot of my free time reading, but also love to travel; try to plan at least 1 big trip every year.

Sarah Davidson: I am an OT on the SODR and CCC teams. I have also had the opportunity to work in the Feeding Clinic and in the BRT program. I spend most of my time on 3W and 3E, but you will also find me in the pods on the 2nd floor. My life path is based on the number 9, and I believe that my role in helping others to reach their potential is a true calling.
Examples of what FLAG achieved

**Hospital Impacts**

- Shifted the hospital’s culture of client and family engagement to a model of shared leadership
- Co-led the implementation of Integrated Coordinated Care Plan
- Reviewed of hospital’s Pandemic Plan, resulting in an additional section specific to clients and families
- Co-designed the hospital’s hand hygiene in the community initiative
- Delivered pressure ulcer prevention education to inpatient families
- Working toward expanded hours of care
- Policies and Procedures – every review
- Infection Prevention and Control

**System Impacts**

- FLAG chair selected one of the first ever family/patient surveyors with HSO
- Vice chair completed surveyor training
- Members approached by HSO to participate on technical committees (assessment methodologies and primary care)
- FLAG chair and vice chair on pan-Canadian working group to design CPSI’s PSEP workshop to external family leaders
- Presented FLAG model at HSO
- Ontario Hospital Association – Patient Reporting Performance Metrics- OHA PRPM
- Pediatric Rehab Reporting System (PRRS)
“As a parent, I appreciate being able to contribute to the accreditation process. The Holland Bloorview staff have been very committed to getting our input and recognizing our ‘lived experiences’.”

HOLLY YIP, FAMILY LEADER

“WHAT WE ARE MOST PROUD OF . . . . . . .

“I have had a great partnered experience with the accreditation process. The team is open to my questions and comments and asked for my opinions on how the rehabilitation actually worked for my family. Often when you are in the midst of a lengthy rehabilitation for your child, people and processes are within this whirl of activity. It’s difficult to fully comprehend the extent of the team involvement. Having the opportunity to examine and question processes in detail has clarified and improved the process.”

JOANNE DOWNING, FAMILY LEADER

No boundaries
What are we most proud of?

Julia Hanigsberg's Message

Reflecting on the past 24 months, when our Accreditation 2017 journey began, we have re-energized our focus across the organization in advancing quality and safety in unique and meaningful ways. We committed to approaching Accreditation not as an 'event,' but rather as part of the continuous learning which enables us to provide highest quality care. We committed to having Family Leaders as integral members in our journey, ensuring that we not only meet the standards newly set out by Accreditation Canada, but advance our already strong partnership in engagement to build our common understanding. I have had first-hand experience of seeing the daily through the mini, full and roundtable mock surveys, celebration events, patient safety walks, and other engagement activities. The Patient Safety Culture Survey helped define what we would embark upon with 425 collective voices captured (94% response rate), telling us that learning, open conversations and leadership presence will help to further advance our strong safety culture.

We have so much to be proud of this past 24 months and more recently these past few months as we prepare to show surveyors from Accreditation Canada our commitment to our clients and families and to each other in driving high quality safe care. Together we have advanced our knowledge through 32 Bulletins, development of 35 practical/administrative posters, launching 19 Quality Awards, completing 47 Quality improvement initiatives, informing 11 ‘leading practice’ submissions, as well as the PSEP Site Visit. These have helped us prepare for the conversations:

As we enter the final weeks before our survey, I would like to take the time to thank each of you for your commitment, dedication and wisdom in designing the journey of Accreditation to ensure we continue to provide exceptional, high quality safe care that supports the most meaningful and healthy futures for our clients and families.

Thank you,

Julia Hanigsberg, President and CEO

Adrienne Zarem's Message

Holland Bloorview is incredibly innovative and forward-looking in their approach to family engagement. Family Leaders involved in Accreditation have been encouraged to challenge the organization when their lived experience has given them the opportunity to identify gaps in the system, and opportunities for the hospital to improve.

Over the past 18 months we have had the opportunity to grow in knowledge, partner in new and exciting ways, and ensure that we are driving quality and safety in a fully partnered and engaged way.

From the very beginning, Accreditation has been important to me because it reaffirms my confidence in the hospital’s steadfast commitment to quality and safety. As we ready for our survey in October, as a Family Leader, Chair of the Family Leadership Accreditation Group (FLAG), and Chair of the Methodologies Assessment Technical Committee for Health Standards Organization (Accreditation Canada), I want to applaud the roles which are in which we are partnering. The roles we play and partnerships we form with clients and families will tap into the ‘untapped potential,’ and create a movement of partnered quality and safety for the system. Thank you for always keeping clients and families at the centre of all that we do, and wanting to involve us in the design and implementation of all quality and safety initiatives.

Thank you,

Adrienne Zarem, Chair of FLAG
What Was Achieved – PSEP Training

- Certified 13 Family Leaders, 3 Youth Leaders, and 1 Child Leader
- Creation of a NEW PILOT Module “Clinicians as Partners”
- 2 Family Leaders and 2 Youth Leaders trained to Holland Bloorview Staff (n=14)
- Planning of Year 2 and Year 3 with ‘trainees’ taking the lead
- Creation of National Training

Goal – Advance Safety and build capacity within the next 3 years using the train the trainer model to certify all members of the organization

i. Creating the vision from a micro, meso and macro approach
ii. Building upon each layer to ensure foundational and structural support
iii. Partnering with external agencies to embed within strategic plans
iv. Building capacity within the full therapeutic relationship to drive quality and safety
System Leadership in Quality and Safety

2016
• Patient Safety Champion Award Honourable Mention (CPSI)

2017
• Power of an Organization – Innovations in Patient Safety Education (IPSE)
• Organizational Patient Safety Champion Award (CPSI)
• Family Leader Co-Chair – Health Standards Organization
• 1st Patient Surveyor – Nova Scotia Health System
• 2nd Family Leader – Surveyor Trained

No boundaries
Evolving Client & Family Quality and Safety

- Leveraging our trained family leaders to evolve quality & safety (strategic plan)
- Partnered planning, implementation and evaluation
- Co-leadership models
- Shifting the Carmen Model to advanced leadership
- Development of the 2018-2020 Quality Plan
Thank You
Guided By You

• Clinical Cultural Competence Project
• Safe Handover Project
Collaborative Practice Team

Sean Martin, MHS, RRT
Director, Collaborative Practice, Quality & Ethics

Barb Huggins, RN,
Manager, Collaborative Practice

Scott Wight, BScN, RN
Clinical Technology Project Manager
STRATEGIC DIRECTIONS

1. Deliver Culturally Safe, Outstanding Care
2. Deliver Seamless Care Transitions
3. Deliver Regional Programs in Collaboration with Our Care Partners
4. Build Strong Foundations to Achieve Our Mission

MISSION

We are a regional hospital building healthier communities with our patients and partners.
How do cultural competence and safe handover work together?

Clinical Cultural Competence

• Valuing each patient as an individual and understanding their unique needs, with a particular focus on supporting health equity.

Safe Handover

• Directly engaging with each patient/family in a standardized manner to support 2-way communication and safe care.
Clinical Cultural Competence

Why?

Patients and families
- “I could tell the staff member was uncomfortable when I told her I was transgender”
- “The ED isn’t very welcoming for First Nations people. A few things could really make it less intimidating”

Staff
- “We don’t need this training. Peterborough isn’t diverse like Toronto”
- “We need diversity training. More and more immigrants and refugees are coming to the hospital”
Clinical Cultural Competence

How?

Broad internal engagement
- Senior Team, Patient Relations, Professional Practice, Educators, HR, Staff, Physicians

Broad community engagement
- New Canadian Centre, Peterborough Police Services, City of Peterborough, Peterborough Public Health, Peterborough Housing Corporation, Trent University – Indigenous Studies, LGTBQ Task Group, Centre for Mental Health & Addictions

Focused on connecting to patient safety and experience
Clinical Cultural Competence

How? Tools

- 2 hour workshop for all clinical staff (facilitated by Nursing and Social Work)
- Focused on non-visible aspects of culture, social determinants of health and cross-cultural communication
- Utilized real case studies
- Interpreter services improved with 24/7 access to qualified medical interpreters
Clinical Cultural Competence

Results

Julie, RN

“For me it really provided a renewed awareness of how easy it is to unintentionally categorize and judge certain cultures, making inappropriate assumptions that in turn could have a grave effect on our patients. It reminded me of just how important communication is and that it is absolutely appropriate to ask the questions to help us understand different cultures and their beliefs. It is often the little things that we do that have such a great impact on our patients without us even realizing it sometimes.”
Clinical Cultural Competence

Next Steps

• Now integrated in new hire orientation
• Peterborough DEEP Diversity and Equity Education Peterborough
• Partnering with community groups to provide targeted education sessions for staff. Goal to have sessions co-facilitated by patient partners.
Safe Handover

Why?

Patient feedback

“The hospital is a scary place sometimes and the more communication you can get, the better it is.”

“The nurses would make their changes but it was usually a bit chaotic. There was usually a bit of uncertainty.”

“There was a time gap between when they would leave and when they (new nurse) would return”
Safe Handover

How - Leadership

- Nursing Professional Practice Council
  Guided By You Working Group
- Patient and Family Experience Steering Committee
- Safe Handover Steering Committee - PFP
- Unit-based Project Nurses and Champion Working Groups
- Patient story videos
Safe Handover

Tools

Situation
- Diagnoses and patient status
  - Patient name, age
  - Diagnoses, reason for admission, code status
  - Name of primary care MD

Background
- Brief and settlement past medical history (Events that led up to this hospitalization or that have an impact on the patient at this moment in time)
  - Pertinent Labs / Tests (completed or planned for that day and results, if applicable)
  - Current Therapy (meds, treatments, monitoring, dressings, drains, etc.)
  - Pain (rating, drug, last dose, follow-up assessment, include patient in discussion)
  - Special needs & procedures
  - Consults
  - Teaching needs... Ask the patient!
  - Discharge plan and needs

Assessment
- Inform oncoming nurse of what you have assessed during your shift
  - Provide a review of systems • Current V5D
  - Include anything that will be coming up for the patient in the near future (procedures, tests)
  - Be specific on what is going on with the patient now

Recommendations
- I suggest that you _______________________ (what oncoming nurse will need to complete / follow-up on)
- Review current nursing and medical plan of care with the oncoming nurse
- Identify plan of care goals for new shift and write on Care Board in patient centered language
- All plans for this patient care (lab precautions, restraint usage, wound care, turning needs, level of activity, etc.)
- Psychosocial issues with the patient or family

High Alert Medications
Equipment / Environment
Alarms / Armbands / Allergies / Assess for Isolation
Lines
Careboards

Patient Story Videos
Safe Handover

Results

Patient feedback

“With bedside report it was really directed at the patient. The communication was made WITH you, not AT you.”

“I felt part of the team. There was genuine time set aside for me.”

“Spent time making a plan and had input for the day. Comforting and meaningful as you were part of the decision making. I felt it really helped my recovery”
Safe Handover

Results

Nurse feedback

“By shortly after 7 you’ve laid eyes on ALL of your patients and you know they’re safe and you feel good about starting your shift”

“I actually think we don’t hear the call bells ringing as much”

“I like having the off-going nurse in the room for initial assessment in case I have questions”

“I love being able to introduce the on-coming nurse to my patients”
Safe Handover - August / September Scorecard

# of beds surveyed: 325

- Team Information: 81% (Aug/Sept), 94% (July)
- Goals: 91% (Aug/Sept), 87% (July)
- Pt. Communication: 92% (Aug/Sept), 94% (July)

- Patient Name: 94% (Aug/Sept), 92% (July)
- Nurse Name: 94% (Aug/Sept), 94% (July)
- Physician Name: 72% (Aug/Sept), 91% (July)
- Mobility: 81% (Aug/Sept), 92% (July)
- Plan for the day: 92% (Aug/Sept), 91% (July)
- Discharge Date: 17% (Aug/Sept), 26% (July)
- Family Communication: 39% (Aug/Sept), 38% (July)
- What matters to me: 27% (Aug/Sept), 17% (July)
- Managing your pain: 87% (Aug/Sept), 82% (July)
Thank You!

Guided by you · Doing it right · Depend on us
www.prhc.on.ca
THANK YOU