Accreditation Canada
Required organizational practices (ROPs) PERTINENT TO PPH

Presentation/Discussion –

To identify illustrative examples…

http://home.wrha.mb.ca/quality/ROPResources.php
http://home.wrha.mb.ca/quality/files/ROPHandbook2018.pdf

QUALITY
IMPROVEMENT &
PATIENT
SAFETY

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Health Authority   santé de Winnipeg

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What is Accreditation?

Accreditation looks at how well a health care organization, such as the WRHA, meets national standards of excellence. It involves everyone in the WRHA, patients/clients, families, and community partners to ensure that the best possible care is provided.

Using a 4 step cycle, the WRHA meets accreditation requirements and the goal to provide the best possible care.

The WRHA is accredited every 4 years.
The next on-site survey is scheduled for 2020.

Standards & Practices

What are we doing?

- Plan
- Train
- Review standards
- Required Organizational Practices (ROPs) see example

Internal Review

How are we doing?

- Self Assessment Questionnaires (SAQ)
- Surveys
- Identify strengths & areas for improvement

Improvements

How are we going to improve?

- Set goals
- Develop plan to improve
- Implement action plans
- Analyze & measure progress

External Review

What is it?

- Surveyors
- Review of practices
- Identify strengths & areas for improvement
- Results of how we did

WHAT is a Required Organizational Practice? (ROP):

- An ROP is "an essential practice that organizations **must have in place** to enhance patient (client) safety and minimize risk".

- ROPs are based on current research and best practice, and are effective in improving patient safety.

ROP Categories:

ROPs are categorized into six patient safety areas, each with its own goal.	
Safety Culture:	Create a culture of safety within the organization
Communication:	Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
Medication Use:	Ensure the safe use of high-risk medications
Worklife/Workforce:	Create a worklife and physical environment that supports the safe delivery of care and service
Infection Control:	Reduce the risk of health care-associated infections and their impact across the continuum of care/service
Risk Assessment:	Identify safety risks inherent in the client population

ROP: Safety Culture

- Accountability for Quality

- Patient safety incident reporting (Adverse reporting)

- Patient safety quality reports

- Patient safety incident disclosure

Canadian Patient Safety Culture survey completed every 2 years per regional process.
http://home.wrha.mb.ca/quality/event-learning.php

A culture of safety

Message from Réal

A MESSAGE FROM WRHA PRESIDENT & CEO RÉAL CLOUTIER

We talk often about how quality and safety in our health system begins and ends with all of us, and how important it is to learn from each other and take the time to recognize and celebrate our successes along the way.

Our annual Quality and Patient Safety Week is a chance to do just that. This year featured workshops and sessions that touched on number of topics all focused on helping us create a culture of safety.

Safety Culture in Action: PPH Examples

- *RL6 is used to report client safety events including good catches.*

- *Reports are reviewed by TM; also rolled up at program level, trends, key issues are identified and discussed with CNSs and other content experts (CD Coordinators).*

- *This informs ongoing quality improvement efforts and shared with TMs**

- **work is underway to routinize this and ensure distribution to staff going forward.*

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SAFETY PRACTICE

CLIENT IDENTIFICATION

LET'S KEEP CLIENTS SAFE: MAKE SURE THE RIGHT CLIENT GETS THE RIGHT SERVICE/PROCEDURE

see WRHA Client Identification Policy 110.000.370

Note: Patient/Client/Resident used interchangeably

PREVENT CLIENT HARM

All health care workers must check client specific identifiers to make sure the right client gets the right service or procedure.

STOP

Use 2 Client Identifiers

Working with clients & families, check two person specific identifiers before providing any service or procedure for the client.

Examples: Check Client Identification Before

- Surgical procedure
- Transporting clients
- Medication administration
- Handing out their meals
- Lab work or diagnostic tests
- Invasive procedures (e.g. catheterization)
- Discussing medical information or providing client education

Common Types of Identifiers to Check

- Client full name
- Date of birth
- Provincial health number
- Medical identification wrist band

ROP: Client Identification

- See WRHA Client Identification Policy for other examples and further information.

- Poster: Client Identification

- See slide notes for details.

Client identification in action: Examples from PPH Practice

- *Central Intake Admin checks at least 2 client identifiers before entering postpartum referral into HPECD database.*

- *PHN checks at least 2 client identifiers before contacting client regarding a communicable disease, verifies identity of client prior to stating reason for the call.*

- *PHN checks at least 2 client identifiers before administering vaccine, along with checking other medication "rights".*

INFORMATION TRANSFER

LET'S KEEP PATIENTS SAFE: MAKE SURE THE RIGHT PATIENT CARE INFORMATION IS SHARED WITH THE NEXT PROVIDER, PATIENT & FAMILY

See WRHA Safe Patient Handover and Transfer of Accountability Policy

Note: Patient/Client/Resident used interchangeably

Information Transfer at Care Transitions

- Information required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer and discharge.

- Documentation tools and communication strategies are used to standardize information transfer at care transitions (e.g., SBAR).

- Clients and families are given information they need to make decisions and support their own care. Information shared is documented.

Handover: is the transfer of responsibility and accountability for some or all aspects of care for a client or group of clients, on a temporary or permanent basis to another health care provider which includes a process of communication that ensures safety and continuity of care. The handover is a two-way process to provide and receive information and provide the opportunity to ask questions.

When communicating with another care provider, the SBAR framework is recommended: **Situation, Background, Assessment, Recommendation.**

During care transitions:

- Provide clients and families with information that they need to make decisions and support their own care.
- Check the client's understanding of the information provided including any written materials.
- Use translation services as needed. See Policy: Interpreter Services – Language Access.
- Don't forget about 2 client identifiers.
- Document in the client record.

For other key details, please see WRHA Policy: Safe Patient Handover and Transfer of Accountability

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Information Transfer in Action: Examples from PPH Practice

- *Central CD team refers out CD investigation to PHN for investigation.*

- *Families First client moves to another community area and hand off occurs between lead PHNs.*

- *PHN contacts postpartum unit to verify referral details.*

- *TB client is discharged to home community and PHN follows up with Nursing Station.*

- *CD Coordinator redirects a referral to another RHA.*

- *PHN uses community health communication form when sending a client to triage for assessment.*

SAFETY PRACTICE

HOME SAFETY RISK ASSESSMENT

LET'S KEEP EVERYONE SAFE: CONDUCT HOME SAFETY RISK ASSESSMENTS

see Home Care Program procedures/guidelines Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP)

PREVENT CLIENT HARM

Preventing harm to clients, families and staff members is a safety priority. Use a home safety assessment to identify risks and improve safety.

HOME SAFETY RISK ASSESSMENT

Your program identifies each client's community / home risks on the Home Safety Risk Assessment form. Safety plans are put into place to reduce the risks identified on the form.

Common Home Risks (can be Inside or Outside)

- Un-shoveled/icy walk way
- Cluttered home or floor
- Abusive/violent behaviors
- Improperly disposed sharps/needles in the home
- Free roaming animals in or around the home
- Infestation e.g. bed bug
- Exposure to second hand smoke

Common Home Safety Visit Plan Interventions

- Use safety equipment e.g. grab bars, sharps container
- Client reminders e.g. secure pets in separate area /no smoking before visit
- Visit client when another person is there e.g. family or staff
- Follow IP&C precautions e.g. for infestation
- Know where emergency exits are located

Communication & Documentation

- Home Safety Risk Assessment form is completed
- Risks and safety plans are documented & shared with workers providing care to client
- Report unsafe situations to your coordinator /manager
- Inform clients/families about their home safety issues & needed interventions

Evaluation

Home Care teams regularly update clients' Home Safety Risk Assessments & plans. Changes are communicated to staff members, client & family.

Need more information?

Contact your coordinator /manager or quality safety lead.

Workplace Violence Prevention & Home Safety Risk Assessment

- A documented and coordinated approach to prevent workplace violence is implemented. There is a written policy and response procedures for staff to follow.

- A home safety risk assessment is conducted for each client at the beginning of service, including a review of internal and external physical environments; information is shared with partners involved in care planning, assessment is updated regularly.

- Workplace Health and Safety Committees are another avenue for sharing concerns related to safety.

- **Clients and families are educated on home safety issues identified in the risk assessment.**

Workplace Violence Prevention & Home Safety Risk Assessment in action:
PPH Practice Examples

- *Policies and guidelines for Safety Assessment Form Tool (SAFT) and Safe Visit Plan (SVP) including Care Alerts and communication of same within and across care teams are in place.*

- *PHN conducts safety assessment over the phone prior to visiting client. Upon visiting, SAFT is completed and a determination is made if a SVP is required.*

Remember to practice

4 moments OF HAND HYGIENE

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1 **BEFORE** initial patient, resident, client (PRC) or environment contact

2 **BEFORE** aseptic/ clean procedure

3 **AFTER** body fluid exposure risk

4 **AFTER** PRC/PRC environment contact

Hand Hygiene

- Compliance with accepted hand-hygiene practices is measured and results shared with team members and volunteers.

- Hand Hygiene education is provided to team members and volunteers.

- Education and auditing are focused on the 4 moments of hand hygiene:
  - before initial contact with client or environment;
  - before a clean/aseptic procedure;
  - after body fluid exposure risk;
  - after touching client or their environment.

Hand Hygiene in Action: Examples from PPH Practice

- *Volunteer services were engaged to conduct hand hygiene audits at large school immunization clinics. Volunteers were trained by IPC.*

- *A plan is in place for each team and service area to collect HH observations throughout the year.*

- *Data are collected, collated and analyzed by IPC and shared with TMs to inform ongoing improvements.*
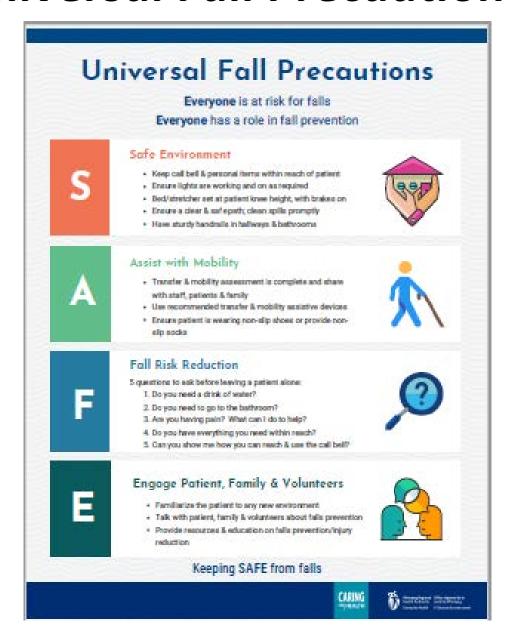
Fall prevention and injury reduction

- *Note:* ROPs are focused on acute and LTC settings but PPH plays a key leadership role in fall and injury prevention regionally and provincially.

- PPH informs policy and programs with latest evidence, in order to increase public and professional knowledge about reducing fall-related injuries and fatalities.

- Effective fall prevention and injury reduction requires an interdisciplinary approach and support from all levels of an organization.

- It is helpful to implement a coordinated approach to fall prevention and injury reduction within the organization, while recognizing the unique needs of different settings or sites, and to designate individuals to facilitate its implementation.

Universal Fall Precautions

- Reducing injuries from falls can increase quality of life, prevent loss of mobility and pain for clients, and reduce length of stay and costs.

- Universal fall prevention and injury reduction is the new approach to fall prevention.

- Accreditation Canada has updated required organizational practice (ROP) to reflect this approach. These precautions are intended for all clients regardless of risk of falling.

- The key universal fall prevention messages include: *Everyone is at risk for falls* and *Everyone has a role in fall prevention*.

- The acronym **S.A.F.E.** describes the key strategies for universal falls:
  - ❑ **S**afe Environment
  - ❑ **A**ssist with Mobility
  - ❑ **F**all Risk Reduction
  - ❑ **E**ngage Patient, Family & Volunteers

Universal Fall Precautions

Fall prevention and injury reduction in action: Examples from PPH Practice

- PPH collaborates with health organizations, groups and individuals in the community to develop evidenced-informed policies and programs, to increase public and professional knowledge about reducing fall-related injuries and fatalities*.*

- Knowledge products, resources and training can be found on the [Staying on Your Feet](#) website. The website is located at: www.preventfalls.ca

- The website is intended for the public (primarily older adults and their caregivers), as well as health professionals.

- Visit [Risk Assessment Tools](#) for the Community and Ambulatory Care Fall Risk Screening Tool.

- Visit [Training](#) for fall prevention training opportunities for health professionals.

SUICIDE PREVENTION

LET'S KEEP PATIENTS/CLIENTS/RESIDENTS SAFE: ASSESS AND MONITOR THEM FOR RISK OF SUICIDE

PREVENT PATIENT HARM

Suicide prevention is a safety priority. We can limit patient/client/resident harm by identifying those at risk of suicide and helping them stay safe.

SUICIDE PREVENTION

All health care workers play a part in suicide prevention. If you think a patient/client/resident is at risk, follow your guideline and procedure. If you are not sure what to do: get help from a co-worker & notify your supervisor/coordinator/manager immediately.

Common Suicide Prevention Strategies Include

1) Assessment: ✔
- Suicide screen - ask directly about thoughts of suicide
- Suicide risk assessment & history

2) Interventions & Monitoring:
- Immediate suicide risk management Interventions
- Assessment by mental health professional ✔
- Suicide risk management plan
- Reassessment for suicide risk at regular intervals
- Communication within the care team & at care transitions

3) Document and Communicate: ✔
- Why the risk assessment was done
- Results of the assessment
- Safety interventions and plans put in place
- Monitoring and re-evaluation plans or outcomes
- Risk status to next care provider & at care transitions

Suicide Prevention

- Clients at risk of suicide are identified.

- The risk of suicide for each client is assessed at regular intervals or as needs change.

- The immediate safety needs of clients identified as being at risk of suicide are addressed.

- Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.

- Implementation of the treatment and monitoring strategies is documented in the treatment record.

Suicide Prevention in action: Examples from PPH Practice

- *PPD assessment and client education materials in general PHN practice.*

- *Mental Health Promotion in schools and general community.*

- *ASIST and Mental Health First Aid training available to staff.*