RENFREW VICTORIA HOSPITAL

PATIENT SAFETY AT RVH 2022

Chris Ferguson, Vice-President, Patient Care Services

CLINICAL ERROR

- WE ARE PROFESSIONALS !
- WE DO THINGS WELL !
- WHAT IS THE PROBLEM ?

CLINICAL ERROR & ADVERSE EVENT

IS IT A PROBLEM IN

CANADA?

PATIENT SAFETY UPDATE

In 2018…

- One in 3 Canadian have either personally experience a Patient Safety Incident (12%) or have a loved one who did (24%). Caregivers and those with a chronic illness are significantly more likely to have experience with PSIs, both personally and through a loved one.
- Patient Safety Incidents cost an addition $2.75 billion in healthcare treatment costs per year
- Misdiagnosis, falls, infections and mistakes during treatment are the most common types of PSIs. Those who have experienced a PSI most commonly cite distracted or overlooked Health Care Professions as the biggest contributing factor that led to the incident.

(CPSI Data April 2018)

1 in 8 hospitalizations with a harmful event ends in death

(CIHI 2015)

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Patient harm in Canadian hospitals? It does happen.

Hospitals are generally safe, but sometimes harmful events happen that affect patients. Many of these events are preventable.

How often does it happen?

In 2020–2021,

1 in 17 hospital stays

in Canada involved at least one harmful event (132,000 out of 2.2 million hospital stays).

What kinds of harmful events happen?

There are 4 categories of harmful events — 2020–2021 breakdown.

(CIHI 2021)

Factors that Contribute to Adverse Events

- ✓ HUMAN
- ✓ LOCAL WORKPLACE
- ✓ ORGANIZATIONAL

HUMAN FACTOR THEORY

- We build our systems as if people are perfect (not susceptible to error)
- We expect that healthcare workers will not make mistakes
- We respond to adverse events by:
  - *identifying the person responsible*
  - *retraining and/or punishment*

more training doesn't help …

Clinical Error

Only 2-3% of clinical error/injury is due to:

Incompetence

Carelessness

Gross negligence

Sabotage

These demand immediate attention !

97 – 98 % of adverse events are due to system failures

An accident is a process, not an event …..

It is the result of the interaction of a series of complex systems

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A FOCUS ON

PATIENT SAFETY

IS THE ANSWER !!

DEFINITIONS

NEAR MISS: An incident which did not reach the patient

ADVERSE EVENT: An untoward medical occurrence in a patient as a result of a wrong treatment/medication administration; usually an increase in Length of Stay n hospital

SENTINEL EVENT: An unanticipated event in a health care setting resulting in death or serious physical/psychological injury to a patient or patients

EXAMPLES OF REPORTABLE INCIDENTS

- SLIPS AND FALLS
- MEDICATIONS
- EQUIPMENT AND FAILURES THAT COULD HAVE CAUSED HARM
- THEFT AND LOSS

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PATIENT SAFETY

IS IDENTIFIED AS ONE OF OUR KEY INITIATIVES FOR THE ORGANIZATION

THERE ARE 26 REQUIRED ORGNIZATIONAL PRACTICES (ROPs) RELATED TO PATIENT SAFETY THAT RVH MET DURING ACCREDITATION 2021

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WHAT IS YOUR ROLE

IN PATIENT SAFETY?

Renfrew Victoria Hospital

Implementation Journey

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RNAO BEST PRACTICE SPOTLIGHT ORGANIZATION

Best Practice Spotlight Funding

- $100,000 funding over three years
- Requirements to implement Best Practice Guidelines
- Participate in conferences, publish a paper on our work
- Significant in-kind nursing leadership time required to lead this initiative
- RVH Achieved BPSO Designation April 2018

Practices Implemented 2015-2018

- Screening for Delirium (completed)
- Person and Family Centered Care (2015-2016)
- Decision Support for Adults Living with Chronic Kidney Disease (2015-2016)
- Women Abuse: Screening and Initial Response (2016-2017)
- Assessment and Management of Pain (2016-2017)
- Falls Prevention (2020-2022)

Person-Family Centered Care

- Person and family centered care:

  Is an approach in which the uniqueness, preferences, values and beliefs of persons are honored. It is not merely about delivering services to patients. Rather, person and family centered care involves: advocacy, empowerment and respecting the persons autonomy, self-determination and participation in decision-making.

- Client Family Centered care will be embedded in Governance, Leadership and Care Standards for all surveys in 2016 and onward

Person and Family Centered Care

- Hourly rounding – bedside charting
- Name tags – look – placement
- Improve communication boards in rooms
- Increase open visiting hours
- Availability – food choices for patients
- Increased knowledge transfer between Discharge Planning and Nursing
- Patient/Family Advisory Committee
- Improve discharge education for patients
- Staff to staff recognition/patient to staff recognition
- Code Blue support for families
- Scheduling of care including patient preferences

RVH BPG Champions