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Clinical Clerk Orientation
August 2021

Quality Improvement & Safety

People Centered Care (PCC)

- PCC consciously adopts individuals', carers', families' and communities' as participants in, and beneficiaries of health systems organized around their perspectives and needs.

- Examples of PCC:
  - Ensure understanding and meaningful participation in care
  - Respect client choice to be involved in their care as they wish
  - Evaluate services with input from patients and families
  - Co-design services with patients/clients and families
  - Include patient and family representatives on committees

- NSHA's **Family Presence Policy** enables patients to designate Family or Primary Support Persons and define how they will be involved in care and decision-making while hospitalized.

- NSHA annually completes patient experience surveys to incorporate the perspective of the people we serve into improvement initiatives.

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Just Culture

- Just Culture is about fairly balancing an understanding of system failure with professional accountability.

- In a just culture, the reasons for unexpected clinical outcomes are not judged, the rights of all individuals are protected, and patient safety incidents/near misses are freely reported, reviewed, and learned from.

- This means identifying and acting on opportunities to improve and requires a shared commitment across the organization.

- An e-Learning tutorial is available on the LMS System titled: Online Course NSHA-JC-2017: 01-Just Culture

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Identifying Risk & Promoting Patient Safety

- A number of tools & processes exist to identify risk and promote patient safety, NSHA examples include:
- Safety Improvement and Management System (SIMS) – system used to enable reporting & review of patient safety incidents/risks
- Quality Reviews - focusing on processes and systems to identify and implement actions to reduce patient safety incidents/risks
- Infection Prevention and Control measures – such as hand hygiene and other prevention practices to reduce and control infections
- Accreditation – participation facilitates sharing of knowledge to foster organizational learning and positive patient safety culture

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Quality Review (QR)

- Quality Review is a systemic analysis method where the goal is to learn from incidents and make improvements to health care service which will ultimately enhance patient outcomes, patient experience and reduce risk.

- NSHA's QR process identifies responsibilities and mechanisms involved, and outlines lines of accountability for implementation of QR recommendations.

- Quality Review Toolkit provides resources to carry out QR activities.

- NSHA Policy: Quality Review

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Accreditation

- NSHA participates in an Accreditation Canada program which entails external assessment of the organization against national standards of excellence to identify what is being done well and opportunities for improvement.

- **Accreditation Standards** are based on evidence and best practice. They help organizations assess quality at the point of service delivery and embed a culture of quality and safety.

- **Required Organizational Practices (ROPs)** are essential practices addressing high-priority areas that must be in place to enhance patient safety/minimize risk.

- Standards and ROPs are found on the NSHA Accreditation site

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ROP: Patient Safety Incident Management

Rationale: The goal of a reporting system is to learn from patient safety incidents and near misses, prevent recurrences and strengthen the culture of safety.

Your responsibility:

- Report patient safety incidents & near misses in the Safety Improvement & Management System (SIMS) Quick Link.
- Promote safety by learning from patient safety incidents and participate in quality review so processes of care can be improved.

NSHA Policy:

- Patient Safety Incident Management

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ROP: Patient Safety Incident Disclosure

Rationale: All patient safety incidents which reach the patient (including no harm) require disclosure. Disclosing in an open and timely manner may maintain positive patient relations and reduce risk of litigation.

Your responsibility:

- Attend to the patient's safety and clinical care needs
- Inform those affected that an incident has occurred using facts only as they are known. Never speculate and do not assign blame - it is always right however, to say we are sorry for what happened
- Offer support to all involved
- Review & implement recommended actions to prevent future incidents
- Model/teach learners the physician's role in disclosure

NSHA Policy:

- Disclosure of Patient Safety Incidents

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ROP: Hand Hygiene

Rationale: Hand hygiene is considered the single most important way to reduce health care-associated infections. Cost estimates of health care-associated infections significantly exceed those related to hand hygiene.

Your responsibility:

- Perform the 4 moments of hand hygiene: **1) before initial contact with the patient or their environment**; 2) before a clean/aseptic procedure; 3) after body fluid exposure risk; 4) **after touching a patient or their environment**
- Complete required annual hand hygiene education sessions
- Model & instruct learners to adhere to proper hand hygiene

NSHA Policy:

- Hand Hygiene

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ROP: Infection Rates

Rationale: Physicians who are well informed about healthcare associated infection (HAI) rates are better equipped to prevent and manage infection. The Patient Safety Act requires NSHA to report certain patient safety indicators publicly and to the Department of Health and Wellness.

Examples include: Clostridium difficile (C. difficile); Methicillin-resistant Staphylococcus aureus (MRSA); and Central Line-associated Bloodstream Infection (CLABSI)

Your responsibility:

- Participate in actions to prevent and manage infection
- Know infection rates for your service

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ROP: Patient/Client Identification

Rationale: Using two identifiers to confirm that patients/clients receive the service/procedure intended for them can avoid incidents such as medication errors, wrong-person procedures and privacy breaches.

Your responsibility:

- Ensure two (2) patient specific identifiers are used to confirm the patient receives the service or procedure intended for them.
- Complete this in partnership with patients & families by explaining the reason and asking them for identifiers.

NSHA Policy:

- Client Identification

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ROP: Information Transfer at Care Transitions

Rationale: Effective communication minimizes misunderstandings and has been identified as a critical element in improving patient safety, particularly with regard to transition points.

Your responsibility:

- Ensure patients/families are given the information they need to make decisions and support their care during care transitions (i.e. admission, handover, transfer, discharge).
- Ensure clear instructions are documented.

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ROP: Medication Reconciliation

Rationale: Research suggests over half of patients have at least one discrepancy between the medications they are discharged with compared to those ordered upon admission. Many of these have the potential to cause medication related safety incidents.

Your responsibility:

- Use established process to reconcile patients' medications at admission, transfer and discharge. Key steps:

1. Document the best possible medication history (BPMH) in partnership with patients/families
2. Use the BPMH and current medication orders to generate transfer or discharge medication orders.

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ROP: Client Flow

Rationale: Overcrowding is a system-wide challenge, and is usually a result of a mismatch between capacity and demand. By evaluating client flow data we can better understand and develop strategies to meet variations, reduce barriers, and prevent overcrowding.

Your responsibility:

- Work proactively to improve client flow by participating/ engaging in organizational flow management processes and interventions

NSHA Policy:

- Overcrowding and Site Overcapacity

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ROP: Venous Thromboembolism (VTE) Prophylaxis

RATIONALE: VTE is associated with increased client mortality - it is the most common preventable cause of hospital death. Evidence - informed thromboprophylaxis reduces cost and length of stay.

YOUR RESPONSIBILITY:

- Identify patients at risk for VTE (deep vein thrombosis & pulmonary embolism), ensure appropriate prophylaxis in place.
- Document reason if “at risk” patient is not prophylaxed

*Includes post-discharge prophylaxis for major orthopedic surgery patients (i.e., hip and knee replacements or hip fracture surgery)

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ROP: Antimicrobial Stewardship

Rationale: Antimicrobial stewardship programs optimize the use of antimicrobials to improve patient outcomes, reduce the risk of infections, reduce or stabilize levels of antibiotic resistance, decrease drug toxicities and promote patient safety.

Your responsibility:

- Participate in practices aimed at optimizing antimicrobial use
- Ensure antimicrobials are dosed correctly, reassessed regularly, and used for the shortest duration possible
- Ensure streamlining or de-escalation of therapy and conversion from parenteral to oral formulation when appropriate.
- See NSHA's Antimicrobial Stewardship intranet site for further information

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ROP: “Do Not Use” Dangerous Abbreviations

Rationale: Medication errors are the largest identified source of preventable hospital medical error – approx. 5% of these are attributable to abbreviation use. Error examples include omission errors, improper doses, or administering the wrong drug.

Your responsibility:

- Apply the ISMP Do Not Use List to all medication-related documentation
- Model and teach this to learners
- Know audit results for your service

NSHA Policy:

- Do Not Use Abbreviations, Symbols and Dose Designations

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ROP: Pressure Injury Prevention

Rationale: Pressure injuries have a significant impact on quality of life, resulting in pain, slower recovery, and increased risk of infection. They are also associated with increased length of stay, cost, and mortality.

Your Responsibility:

- Assist to ensure prevention strategies are in place, and that injuries are treated in timely manner.
- Know prevalence results for your service

NSHA Policy:

- Pressure Injury Prevention

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ROP: Falls Prevention & Injury Reduction

Rationale: Inpatients/Residents are at greater risk of falling and injuring themselves. Reducing falls can increase quality of life, prevent loss of mobility and pain, and reduce length of stay.

- Inpatient: implementation of Universal fall precautions
- Long Term Care: risk assessment & protocols to reduce falls

Your responsibility:

- Engage in fall precautions/protocols to reduce falls (e.g. discussing risk factors with patient and family; developing mutual Fall and Injury Prevention plan).

NSHA Policy:

- Fall & Injury Prevention

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ROP: Safe Surgery Checklist

Rationale: Safe surgery checklists play an important role in improving the safety of surgical procedures. They can reduce the likelihood of complications following surgery and often improve surgical outcomes.

Your responsibility:

- The surgeon of record must use a 3-phase checklist for every surgical procedure in the operating room.
- Ensure use of the safe surgery checklist

NSHA Policy:

- Operating Room Team Surgical Safety Checklist

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ROP: Annual Patient Safety Education/Training

Rationale: Receiving education about patient safety and applying this knowledge builds and maintains a safe healthcare system.

Your responsibility:

- Complete at least one (1) patient safety education session per year.
- Can use existing forums (e.g. Grand Rounds).
- Ensure your learning is documented (i.e. sign in sheet or completing Learning Management System - LMS courses).

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