

AHS Quality and Patient Safety Strategic Outline

Key Enablers for Quality and Patient Safety	Description	Organizational Strategies	Performance Measures (proposed) *Additional measures in the Draft Quality Dashboard
*Patients as Partners <ul style="list-style-type: none"> ▪ Patient Engagement ▪ Patient and Family Centred Care ▪ Patient Involvement ▪ Informed Decision Making <p>♦Responsiveness to Consumers</p>	<ul style="list-style-type: none"> ▪ Involving patients and families in the planning, delivery and evaluation of health services provided by AHS. "Patients as Partners" is built upon the principles of respect, information sharing, participation and collaboration². 	<ol style="list-style-type: none"> 1. Implement a provincial process for tracking and addressing patient concerns & commendations 2. Enable and support disclosure of harm 3. Facilitate Patient/Family-centred care approaches 4. Actively engage patients and families as partners in system improvements 	<ul style="list-style-type: none"> ▪ Overall patient experience and satisfaction ▪ Number of concerns/commendations; percent resolved prior to external escalation
Skilled People and a Supportive Culture <ul style="list-style-type: none"> ▪ Just and Trusting Culture ▪ Clinical Engagement ▪ Quality Education and Training <p>♦Learning and Improving</p>	<ul style="list-style-type: none"> ▪ Building a capable and competent workforce while also creating an environment for staff and clinicians that empowers them to provide safe, quality health care and services. 	<ol style="list-style-type: none"> 1. Pursue a just and trusting culture 2. Pursue a culture of Quality and Safety 3. Engage Clinicians through Clinical Networks 4. Provide the necessary support, tools and education to staff and clinicians 5. Develop a strategy regarding accreditation 6. Widely share quality and safety learnings 7. Develop and implement mechanism to learn from serious adverse events 	<ul style="list-style-type: none"> ▪ Staff Culture Survey scores ▪ Staff and physician turnover rate ▪ Average education/training hrs/FTE ▪ Percent of targeted staff trained in quality and safety methodologies ▪ Compliance with Accreditation Canada ROPs
Accountability for Quality & Safety through Measurement and Evaluation <ul style="list-style-type: none"> ▪ Safety Reporting and Learning ▪ Continuous Improvement ▪ Process and System Design <p>♦Learning and Improving</p>	<ul style="list-style-type: none"> ▪ The application of valid, reliable, timely and meaningful information is necessary to inform the organization, help us learn from mistakes and continually improve the services we provide. 	<ol style="list-style-type: none"> 1. Implement key strategic quality & safety initiatives² 2. Standardize clinical process to reduce unnecessary variation 3. Clearly identify expectations and assign accountability for quality and patient safety 4. Develop strategy for achieving compliance with AHW IPC Standards 5. Implement hand hygiene strategy 6. Develop and implement strategy to identify potential areas of risk to patient safety 	<ul style="list-style-type: none"> ▪ Harm Index ▪ Response time to Adverse Events ▪ MRSA/C-Diff infection rates ▪ End of life care quality measure (TBD) ▪ Percent of diabetic patients with Hg A1c > 8 ▪ Compliance with select clinical pathways ▪ Colorectal cancer screening compliance
Access <ul style="list-style-type: none"> ▪ Timely access ▪ Coordinated care through the continuum <p>♦Access and Decreasing Wait Times</p>	<ul style="list-style-type: none"> ▪ Enabling the system to provide patients access to appropriate health services and information when they need it (i.e. provide the right service, in the right place, at the right time). 	<ol style="list-style-type: none"> 1. Allocation of resources to maximize equitable access 2. Improve access to preventive and early intervention services 3. Develop wait-time reduction strategies 	<ul style="list-style-type: none"> ▪ Percent of Albertans with a family physician (annual) ▪ Children's Mental Health access measure (TBD) ▪ Hip and knee replacement wait times ▪ Emergency Department wait times ▪ Continuing Care access measure (TBD)

* The term "Patient" refers to patients, families, clients, residents and the community.

♦ AHS Strategic Direction 2009 – 2012, *Defining Our Focus / Measuring Our Progress* - June 30, 2009

¹ Based on foundational practices of the Institute of Family Centred Care.

² Examples of key strategic quality & safety initiatives include: identification of real and potential hazards (adverse event reporting, FMEA, trigger tools etc.), quality assurance, safety learning systems and safety initiatives such as Medication Reconciliation, Safe Surgical Checklist, and Safer Healthcare Now.

