DEEP RIVER &
DISTRICT HEALTH

2026-2028 Patient Safety Plan

Deep River and District Health has developed a multi-year Patient Safety Plan to ensure we can continue to deliver safe quality care to the people in our care. Our objective is to encourage and promote a culture of patient safety at all levels of the organization. Our plan outlines our priorities and the ways we will respond to patient safety concerns while making system-wide improvements.

Deep River and District Health is fully accredited through Accreditation Canada Qmentum - a not-for-profit, independent organization accredited by the International Society for Quality in Health Care. Accreditation is a voluntary process, which takes place every four years. It gives us an external peer review process to assess and improve our services, based on standards of excellence.

The Patient Safety Plan helps us to ensure we provide safe, excellent care. The plan identifies ongoing strategies so we can meet and exceed Accreditation Canada's required organizational practices and patient safety goals. Overall accountability for the Patient Safety Plan rests with the Chief Nursing Executive, who is responsible for its development, implementation, monitoring, and continuous quality improvement across the organization.

Note: Although patient safety goals have been established in the broader patient safety plan, objectives, initiatives, measures, targets etc. are to be determined by relevant accountable committee/individual(s).

Patient Safety Goal	Objective	Planned initiatives	Measure(s)	Target	Time-frame	Responsibility
1. Improve Medication Safety	a) Medication storage in the Emergency Department is optimized in accordance with best practices	Renovations to construct a medication room, with swipe access is completed to conform with medication storage best practices	Medication room is created within the Emergency Department.	Automatic Dispensing Unit is within a locked space.	2027	ED Committee
	b) Implement a standardized drug library on all smart pumps (i.e., IV, CADD)	a) Develop, approve and implement a standardized drug library for all smart pumps b) Educate nursing staff on new drug library	Approved drug library is uploaded and implemented on all smart pumps	All intravenous medications are delivered through a smart pump leveraging the drug library for patient safety	2026	Pharmacy & Therapeutics Committee

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			All staff are educated on the use of the drug library			
	c) Update medication and IV disposal process	a) Assess current process in comparison to best practices b) Implement updated process to ensure safety of patients/residents and staff with regard to medication and IV disposal across the health campus	Updated process is implemented across the health campus	Updated process is implemented across the health campus	2028	Pharmacy & Therapeutics Committee (in consultation with LTC-PAC)
	d) Optimize Three Month Medication Review (TMR) for Long-Term Care residents	a) Establish regular physician visiting process with coordination to support real time TMR	Standard visit schedule supports the review of up to date records for TMR	All residents are reviewed on time, with real-time medication lists reviewed	2027	Long-Term Care Continuous Quality Improvement (LTC-CQI) Committee
2. Identify and mitigate inherent safety risks in specific patient populations	a) Implement improved processes for the disposal of sharps across the health campus	a) Assess current process in comparison to best practices b) Implement updated process to ensure safety of patients/residents and staff with regard to sharps disposal	Updated sharps disposal process is implemented areas across the health campus	Updated sharps disposal mechanisms and process are in place across the health campus	2027	Clinical Quality Committee
	b) Enhance decision making in primary care by optimizing the use of accurate, validated data	a) Create quality reporting structure within primary care b) Identify indicators aligning with organizational, regional, provincial priorities and best	a) Initiate clinical quality committee structure b) Implementation of an updated dashboard with validated data accuracy and	a) Clinical quality committee for primary care is initiated with approved terms of reference b) Implementation of an updated	2026	Quality, Risk, and Safety Committee

Patient Safety Goal	Objective	Planned initiatives	Measure(s)	Target	Time-frame	Responsibility
		practices to be included on monthly dashboard c) Create and standardize data definitions d) Build and validate standardized reports for each indicator in PS Suites	standardized data definitions	dashboard with validated data accuracy and standardized data definitions		
	c) Optimize use of Organ Inventory documentation within My Chart for diagnostic imaging	a) Assess barriers and facilitators to Organ Inventory documentation b) Optimize process of documentation and communication with patients	Ensure Organ Inventory documentation is completed in MyChart for all patients across all diagnostic procedures	Organ Inventory documented for 90% of patients across all diagnostic procedures	2027	Diagnostic Imaging Liaison Committee
3. Promote effective information transfer with patients and team members across the continuum of care	a) Optimize transfer of accountability between units and at shift change	a) Implement standardized documentation and reporting through Epic to support safe and effective transitions in care b) Update Transfer of Care policy to reflect optimization and expectations	Documentation of all transfers of accountability within Epic	100% of transitions of care (change of unit, provider/ shift) are documented as per policy	2026	Clinical Quality Committee
	b) Optimize the use of patient whiteboards as a tool for communication	c) Evaluate options to optimize communication through use of a refreshed whiteboard in patient care spaces d) Include expectations related to whiteboard communication within policy	All patient care spaces will have a communication whiteboard in place Information will be maintained by the care team to ensure effective communication	100% of inpatients will have a whiteboard within their care space, that is updated appropriately and in a timely fashion to facilitate effective communication	2027	Clinical Quality Committee

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		e) Implement refreshed whiteboards in inpatient patient care spaces				
4. Reduce the Incidence of Healthcare Acquired Infections	a) Implement process for cohorting admitted patients on isolation precautions	Develop and implement a policy and procedure to effectively and safely cohort patients on isolation precautions	Process and policy are in place to support practice of cohorting.	All appropriate patients on isolation precaution are cohorted to enhance bed flow while maintaining patient safety.	2026	Infection Control Committee
	b) Provide effective information and training to visitors/family members regarding isolation precautions	Develop visitor / family member education/information related to isolation precautions (i.e., why isolation is used, how to use PPE, etc.)	Visitor / family member information is available and provided when visiting a patient on isolation precautions.	All visitors/family members of patients on isolation precautions received this information and training.	2027	Patient and Family Advisory Committee (PFAC)
5. Create and Foster a Culture of Safety	a) Support and engage patients, residents and families in developing a culture of patient safety and quality improvement	PFAC goals developed annually and collaborative patient education and safety material reviewed.	PFAC goals established each year; Patient education and safety materials reviewed.	PFAC will establish goals each year to improve engagement and promotion of culture of patient safety and quality improvement.	2026	Patient and Family Advisory Committee (PFAC)
	b) Enhance culture of patient safety and quality improvement with existing staff members and during	Establish ongoing Corporate Orientation schedule (at least every month if more than 3 new hires). Ensure onboarding and annual education calendar	Annual Corporate Orientation schedule developed. Annual education calendar developed and onboarding education updated.	Annual Corporate Orientation schedule completed. Annual education calendar in place	2026	Chief Human Resources Officer (CHRO)

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	onboarding process.	align with *Fixing Long Term Care Act, 2022* requirements.		and onboarding education aligns with *Fixing Long Term Care Act, 2022.*		

Reference Documents	• Healthcare Excellence Canada, Patient Safety and Incident Management Toolkit, 2022 • Fixing Long Term Care Act, 2022 • The Joint Commission Journal on Quality and Patient Safety 2018; 44:23–32, “Promising Practices for Improving Hospital Patient Safety Culture” • Health Standards Organization, Required Organizational Practices 2022 Handbook, 2022 • Canadian Patient Safety Institute, A Guide to Patient Safety Improvement, 2020
Acknowledgements	• St. Francis Memorial Hospital, Patient Safety Plan 2021-2022 • Temiskaming Hosptial, Patient Safety Plan, 2025-2027 • London Health Sciences Centre, Patient Safety Plan, 2022-2026
Review Process	• Executive Leadership Team – 2026-01-09 • Resident’s Council – • Quality, Risk and Safety Committee – 2026-01-21 • LTC Continuous Quality Improvement Committee – 2026-01-29 • Patient Family Advisory Committee – 2026-02-26 • Board of Directors – 2026-02-17