Healthcare Organization Commitment

Contact Details

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Position
Project Manager

Organization Name
Vancouver Coastal Health

Commitment Details

How many hospitals are represented in this commitment?

<table>
<thead>
<tr>
<th>Last Report</th>
<th>Current</th>
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<td>2</td>
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Action Plan
The Vancouver Coastal Health – Vancouver Acute Psychiatry commitment is to create a culture of safety across 4 inpatient psychiatry units at Vancouver General Hospital (VGH). When building our larger initiative to create a culture of safety we worked with clients & family members, acute psychiatry staff and supervisors and the broader Mental Health and Substance Use leadership team. Taking the opportunity to build a framework and subsequent action plan using large scale change methodologies we recognize that shifting the prevailing culture demands several interventions across many areas of the system. Our primary drivers include: Communication, Learning Organization, Psychological Safety, Staff practice and physical safety. The bulk of our interventions will focus on the drivers of
psychological safety and staff practice. Multi phased plan with the expectation for several necessary initiatives to emerge with the results of the survey and audits. Operations and medical leadership, family and clients met for 3 sessions in the early summer of 2017 to discuss a culture of safety in psychiatry. Opportunity was created in late summer of 2017 to host front line staff workshops (2 hours/ workshop) during mandatory training for the new building. Early fall, a physician lunch session was hosted to ensure feedback from all stakeholder groups.

Commitment Update
At Vancouver Coastal Health (VCH) – Vancouver Acute Psychiatry there has been a focus over the past year on creating psychologically and physically safe spaces for patients, families and staff on the inpatient units. Psychological safety was improved through the introduction of unit brochures. Overwhelmingly we heard from patients & families that information shared about what to expect on a unit was either too little or was inconsistently shared. The Family and Consumer Advisor worked with the unit staff, patients & families to develop the information and compile into a package that was easily accessible to everyone on the units. A key piece of this work continues to be translating the information into multiple languages. VCH & Vancouver Acute Psychiatry places a high importance of ensuring information is equally accessible and this also provides an increase in the psychological safety of our units recognizing that information and communication can improve everyone’s feeling of safety on the unit. Physical safety on the units was greatly improved as the 4 Vancouver units have all collocated in a new state of the art Mental Health & Substance Use (MHSU) building. In this now building emphasis on creating safe spaces with ligature resistant hardware, walking loops and quiet spaces for families and patients to have private conversations. Creating a culture of safety is an ongoing initiative for Vancouver Acute Psychiatry and there has been success over the last year where there were no preventable deaths in care at our new facility. Moving forward we are emphasizing the staff practice of collaborative care planning between patients & the care team and continuing to involve family when appropriate.

Other
Challenge 1 - Culture of safety

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome.

We represent Vancouver Mental Health and Substance Use Acute, Tertiary and Urgent Services at Vancouver Coastal Health. We have learned that creating a sustainable and authentic culture of safety requires intentional engagement with Staff, Patients & Families. A best practice that we have learned and applied is actively seeking the patient and family voice in response to what a culture of safety looks like from their lens. Another best practice is the acknowledgement that we need to be sensitive to how we implement; focusing on staff led initiatives that fit into existing committee frameworks (Occupational Health & Safety, Education and Clinical Practice Committees)/
## Impact Details

<table>
<thead>
<tr>
<th>Initial Commitment</th>
<th>Commitment Update</th>
<th>Project Next Year</th>
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<tbody>
<tr>
<td>Lives Lost 3</td>
<td>Lives Lost 1</td>
<td>Lives Lost -2</td>
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<tr>
<td>Lives Spared Harm Target 3</td>
<td>Actual Lives Spared Harm in last 12 months 53</td>
<td>Lives Spared Harm Target for following calendar year 15</td>
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<tr>
<td>Lives Saved Target 2</td>
<td>Actual Lives Saved in last 12 months (might differ from initial target) 2</td>
<td>Projected Target of Lives Saved for following calendar to try to finish commitment 2</td>
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<td>New Lives Lost (lives lost – actual lives saved) -2</td>
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### Acknowledgement

Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.