

Let's Talk Quality

Population & Public Health

Fall 2017

Welcome to *Let's Talk Quality*

Purpose:

- To provide a mechanism for sharing opportunities for quality improvement
- To communicate about the work of the Population & Public Health (PPH) Quality Team in supporting PPH teams to learn about and meet Accreditation standards

Definition of quality

qual-i-ty

noun

1. the standard of something as measured against other things of a similar kind; the degree of excellence of something.
“an improvement in product quality”



This first issue of Let's Talk Quality contains information on current priorities. Future editions may focus on specific topic areas and feature quality improvement initiatives led by PPH teams.

If you have topics you would like to suggest for future issues of Let's Talk Quality, please send them to [Nadene Coutu](#).

Your PPH Quality Team Committee members are:

Kerri Cuthbert
Sarah Klippenstein
Diane Medeiros
Craig Ross
Sandra Dalke

Clare Hargrave
Diane Mee
Deanna Betteridge
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Kristine Hayward

Wendy Chapman
Merrilee Sigvaldason
Laurell McTavish
Sarah Prowse
Co-Chairs: Rick Sapacz & Carol Styles

Immunization Quality Improvement

In spring 2017, Clare Hargrave (Manager, CD, Immunization, and Travel Health) visited several school based immunization clinics. She was very impressed with the organization, efficiency and professional delivery of immunization services within the school setting. It is evident that PHNs, PHCs and volunteers take great pride in delivering a quality service to our clients.

Immunization season is a time to reflect on best immunization practices. A review of good catches and occurrences submitted via RL6 throughout spring 2017 highlighted two areas for reflection and improvement:

Use of the Forecaster in Panorama

The forecaster in Panorama helps to ensure the administration of the correct vaccine and dose. Running the forecaster as close to the scheduled clinic as possible (no earlier than 2 days prior) helps to ensure the data is as accurate as possible.

Key actions:

- The Lead PHN reviews the forecaster and check against the consents received.
- All “*not forecasted*” clients are investigated.
- All immunizers check the Event Worksheet at the clinic.

Please see the [PHN To-Do List for School Based Clinics](#) for complete guidelines related to use of the forecaster.

Correct Administration of Vaccines

Our immunization clinics are increasing in complexity with clients receiving multiple vaccines. Many innovative approaches are being used to prevent errors in administration of vaccine (e.g. colour coding on consent forms to match colour coding on vaccine).

Following the seven “Rights” of immunization can help prevent errors:

Right drug, right client; right dose, right time, right route, right reason and right documentation

Please remember that as part of these seven rights it is very important to **check the expiry date** of the vaccine both when the vaccine is packed and prior to administration.

A Primer: Protecting the Privacy and Confidentiality of Personal Health Information

When providing service, disclosing Personal Health Information (PHI) or developing a new intake form or questionnaire, ask yourself these two important questions.

What is the minimal amount of information required?



Is there a need to know?



"Before I write my name on the board, I'll need to know how you're planning to use that data."

These are the key principles behind the [The Personal Health Information Act \(PHIA\)](#) - provincial legislation intended to protect an individual's personal health information (including collection, storage, use and disclosure).

Since assuming the role of PPH Program Privacy Officer, Debbie Nowicki has received a number of privacy questions from staff. The most common questions are:

1. Where do I look for relevant policies, guideline and forms?
2. What is a privacy breach, a breach investigation, and how do I document?
3. Can I email clients?

See answers on next page!

A Primer: Protecting the Privacy and Confidentiality of Personal Health Information cont'd

1. Visit the [WRHA Access and Privacy site](#) to review and obtain important information around PHIA. There is a wealth of information such as:
 - a. overview of the legislation; including related policies and guidelines around collection, storage, use and disclosure of PHI
 - b. important forms are included to facilitate an individual's access to or correction of PHI.

2. A privacy breach is the result of an unauthorized access, collection, use or disclosure of PHI in violation of *The Personal Health Information Act*. A privacy breach also occurs when the integrity or security of the information is compromised.

Examples may include emailing or faxing a client's PHI to an incorrect recipient, searching an electronic health record to seek information on an individual for whom you are not providing care, or disclosing PHI to a health care provider that is not part of the client's service team.

When a privacy breach is identified and/or a client issues a complaint around privacy, the WRHA policy [Reporting and Investigating Privacy Breaches and Complaints](#) is to be followed. A helpful [process document](#) illustrates the investigation pathway.

For all breaches, the site, program or Chief Privacy Officer is responsible for documenting the issue within the confidentiality module of RL.

3. Emailing clients is NOT permissible. Where a client cannot be reached by another method, check first with the site or program privacy officer, or WRHA Chief Privacy Officer for the appropriate protocols. See this valuable [guideline](#) around emailing PHI.

Debbie will be including segments on PHIA in future Let's Talk Quality communications. If there is something you would like to have highlighted, or if there is a learning opportunity to share, please send her a note!

[Debbie Nowicki](#)

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Hand Hygiene Observations (Audits) 2017/2018

Hand Hygiene observations are a required organizational practice for accreditation. PPH Hand Hygiene observations for 2017/2018 will leverage naturally occurring opportunities.

We anticipate that the majority of observations in community area practice will be collected at immunization and breastfeeding clinics. The PPH Program is pleased to be collaborating with Infection Prevention & Control and Volunteer Services to perform Hand Hygiene observations at the 2017 PPH influenza immunization clinics. We will evaluate this approach to inform future potential collaboration opportunities.

We are required to collect direct observation data on Hand Hygiene in all practice settings, including home visits. Co-visits (e.g., reflective practice, orientation, supervision, etc.) provide opportunities to collect Hand Hygiene observation data. Plans for Hand Hygiene observations in Healthy Sexuality & Harm Reduction, Tuberculosis, Travel Health, and Prenatal Connections are in development.



Hand Hygiene auditors require training every 2 years.

Two one-hour sessions were held in Sept/Oct, and another one is planned for January (date TBD).

Unlike previous years, this year training is being delivered via WebEx. As this is a new delivery method, your feedback is welcome (send to criddeleyarycky@wrha.mb.ca).



November is Fall Prevention Month

We All Have a Role to Play

Falls in older adults are predictable and preventable. Fall prevention month is an opportunity to increase awareness of the issue and encourage action to prevent falls and injuries from falls.

Fall Prevention Week: November 6 - November 12, 2017

For more information, resources and tips on planning your event, please visit our [website](#). If you have questions or would like to discuss ideas connect with [Cynthia Menzies](#), Injury Prevention Program Specialist.

Regional Quality & Patient Safety Week

October 30 – November 3, 2017

Watch Health Care Connection and our [Quality Improvement & Patient Safety website](#) for more information.