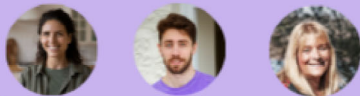


# Health PEI Santé Î.-P.-É. Pursuing Quality & Excellence - Quality Board

## QIT Members

- Dr. Amanda Reyes, MD, FACS
  - Chair, Surgical QIT
- Dr. Michael Chen, MD
  - Chief of Surgery
- Sarah Thompson, RN
  - Clinical Lead
- James Patel, RN
  - Department Manager
- Linda Brooks
  - Quality Patient Safety Consultant
- Karen Lopez
  - Patient Advocate



## QIT Workplan

| Timeline | Goals            |
|----------|------------------|
| October  | Develop AIM      |
| January  | Ethics Refresher |
| February | Audit Compliance |
| May      | Staff Education  |

## Key Messages

### 1. Data-Driven Decisions for Better Care

Our initiatives are grounded in rigorous data analysis, helping us identify trends, measure performance, and implement targeted improvements.

### 2. Empowering Surgical Teams

We support surgeons, nurses, and OR staff with tools, training, and feedback to foster a culture of excellence and accountability.

### 3. Collaboration is Key

Quality improvement is a team effort. We work across departments and disciplines to ensure every patient receives the highest standard of surgical care.

### 4. Transparency Builds Trust

We believe in open communication about our goals, progress, and challenges. Transparency drives improvement and strengthens patient confidence.

## Accreditation Timeline

87 Days until Accreditation



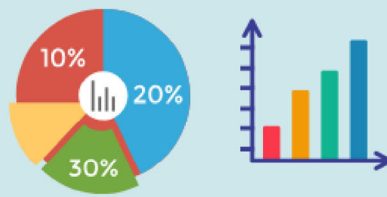
## Recognition & Celebrations



## Audits

- Patient identification compliance
- Medication reconciliation (admission, transfer, discharge)
- High-alert medication handling
- Falls risk assessments and prevention plans
- Pressure injury risk assessment and prevention
- Hand hygiene compliance
- Independent double-check compliance
- Disclosure documentation audits

## QIT Improvement Indicators



## ROP of the Month

**Health PEI**  
Accreditation: ROP of the Month  
Required Organizational Practice: Improving Hand Hygiene Practice

**Why It Matters**

- Hand hygiene significantly reduces the risk of transmission of organisms and infections, alone and in combination with other measures, when performed correctly and consistently.

**4 Moments of Hand Hygiene**

- Before and after patient contact
- Before aseptic procedure
- After body fluid exposure risk
- After patient/patient environment contact

**Best Practices for Hand Hygiene**

- Use alcohol based hand rub (ABHR) when hands are not visibly soiled.
- Use soap and water when hands are visibly dirty or after contact with bodily fluids.
- Allow hands to dry completely before touching anything.
- Keep nails short and avoid artificial nails or hand jewelry.

**Training & Improvement**

- All staff and physicians are required to complete annual hand hygiene education.
- The Hand Hygiene Education Module can be found on the Staff Resource Center.
- Hand hygiene compliance is regularly audited.
- A self-audit can be used with staff and used for quality improvement.

**Health PEI has a potential Hand Hygiene Policy. It can be found on the Policy Document Management System/ Medication.**

**Accreditation Surveys may ask:**

- What are the 4 moments of hand hygiene?
- What hand hygiene education training have you received?
- Is hand hygiene compliance monitored on your unit?

## Did You Know

**Health PEI**  
DID YOU KNOW?

**What is Reprocessing?**

Reprocessing refers to cleaning, disinfecting and sterilizing medical devices and equipment. Organizations require equipment based on the labeling classification and according to manufacturers' instructions.

**Effective Reprocessing can be Measured by Monitoring:**

- Water quality
- Water performance
- Disinfectant concentration & age
- Thermocycling and logs
- Organic residuals

**Why Does It Matter?**

Monitoring reprocessing helps us:

- Reduce healthcare-associated infections
- Identify areas for improvement
- Improve compliance with manufacturer instructions

**Adding to results is our goal to make sure the effectiveness of reprocessing procedures:**

- The Reprocessing Quality Improvement Team reviews audit results to:
- Identify opportunities for improvement
- Provide identification and
- Support staff education and best practices.

**Health PEI**  
Mock Tracer  
FEEDBACK

Unit/Program: \_\_\_\_\_  
Date Surveyed: \_\_\_\_\_

**Highlights**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Improvement Opportunities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At Health PEI, our aim is to be Accredited ready every day! This helps ensure safe and quality care to all clients, patients, families and communities.

For support with Accreditation, reach out to your assigned Quality and Patient Safety Consultant.

Health PEI's next on-site survey visit is June 7 - June 10, 2026.

ACCREDITATION