

# Quality & Patient Safety

## Quarterly Review

## ROP: Improving Transitions of Care Across the System

As we move from winter into the promise of spring, the changing seasons remind us how often transitions shape our daily lives. The same is true in health care. Every transition of care—between providers, services, or settings—is a critical point where accurate, complete, and timely information must be shared to support safe, high-quality care. Across the system, teams continue to strengthen transitions of care with a shared goal: ensuring that essential information follows the patient, responsibilities are clearly understood, and continuity is maintained across the care journey.

### Why Transitions Matter

Transitions of care are consistently identified as high-risk moments for patient safety. When information is incomplete, delayed, or unclear—particularly related to medications, follow-up plans, or changes in care—patients are at increased risk of harm, delays, and confusion. Strengthening information sharing at transitions supports safer care, improves patient and family experience, and enables care teams to work with a common understanding of the plan moving forward.

### What We Can Do

Systemwide efforts underway include:

#### Standardizing information transfer at transitions of care

- Nursing teams are using the *Shift Summary* as consistent, written handover between providers. In addition, face-to-face verbal handover is being used in specific high-risk or complex situations to ensure critical information is clearly communicated and questions can be addressed in real time.

#### Improving medication safety and continuity

- Health PEI's Medication Management Quality Improvement Team and Medication Reconciliation Steering Committee are actively working to identify and address opportunities to improve medication reconciliation and communication. This includes strengthening processes related to documenting, communicating, and following up on new or changed medications across transitions of care.

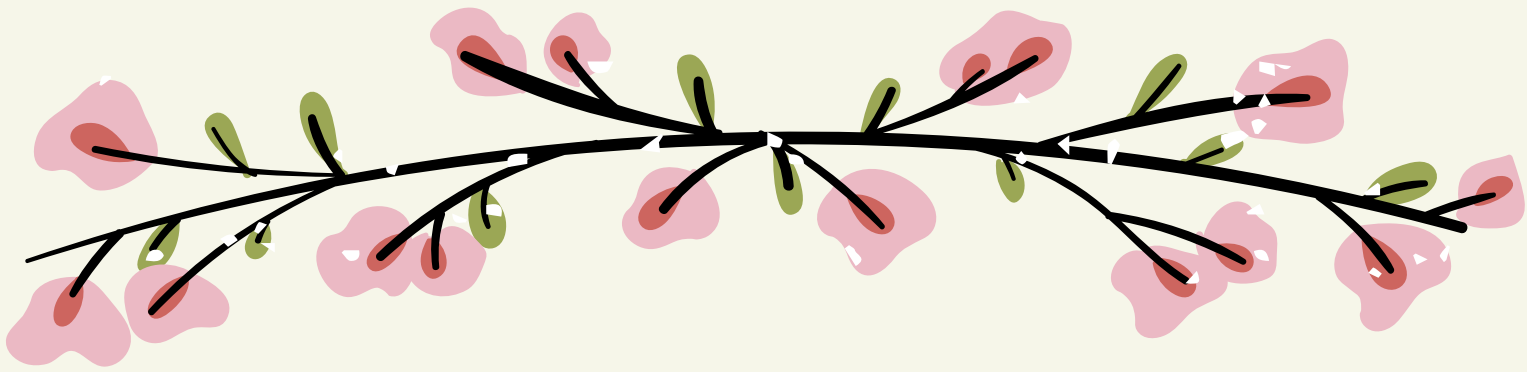
#### Embedding patient and family voice

- Teams are focusing on the use of plain-language instructions to support patient and family understanding of care plans, medications, and next steps following transitions, ensuring information is accessible, clear, and meaningful.

#### Strengthening cross-sector collaboration and shared pathways

- Work is underway to develop a provincial policy that will support transitions of care across acute care, community, long-term care, and mental health services. While comprehensive provincial standards are in development, existing documentation standards—such as those for out-of-province transport—are helping to inform and guide this work.





# Save the Date – Spring Quality & Patient Safety Learning Exchange

***Renew. Learn. Connect.***

Winter will be behind us before we know it, and spring will bring a season of renewal—and learning!

Join us on **April 9, 2026**, for the **Spring Quality and Patient Safety Learning Exchange** at the **Florence Simmons Performance Hall, Charlottetown**, from **1:00 PM to 4:00 PM**.

This half-day event brings together staff, physicians, leaders, board members, and patient family partners to share ideas and explore quality improvement and patient safety initiatives across Health PEI.

## **Have a project to showcase?**

If you have quality improvement or patient safety projects you'd like to present at a future Learning Exchange, please contact your program's Quality and Patient Safety Consultant or [Jillian MacKeeman](#).

Ideas for poster presentations and information booths are also encouraged!



Please register by  
March 27, 2026  
by emailing  
Catherine Coady  
at  
[cacoady@ihis.org](mailto:cacoady@ihis.org)

**We can't wait to see you there!**



# Just Culture Corner

## Sharing What Went Wrong Helps Build Safer Systems for Everyone

In a Just Culture, we recognize that human beings — even the most skilled and dedicated — will make mistakes. Systems are complex, pressures are real, and work conditions can shift quickly. What matters most is not blame, but learning. When we share what went wrong — or almost went wrong — we give our teams the chance to strengthen the system so the same issue doesn't reach the next patient.

### Why Speaking Up Matters

Safety events and near misses offer some of the most valuable information we have. They shine a light on steps in the process that didn't go as expected, gaps between “work as imagined” and “work as done,” and conditions that make errors more likely. When staff report these moments, they are contributing to prevention, not punishment.

### Near Misses Are Hidden Gold

A near miss is a gift: an incident that could have caused harm but didn't — often thanks to quick thinking, teamwork, or sheer luck. Discussing and reporting near misses helps us identify vulnerabilities before a patient is injured. In fact, near misses often reveal system issues earlier and more reliably than harm events.

### Moving From Blame to Learning In a Just Culture:

- We differentiate between human error, at-risk behaviour, and reckless behaviour.
- We support staff when they speak up.
- We focus on improving processes, tools, communication, and conditions that set teams up for success.

The goal is accountability that is fair, not fear-based — and learning that is shared, not hidden.



### How We Grow Stronger Together

Every time a staff member files an incident report, asks a question, or shares a story during huddles or rounds, they help build a safer, more resilient system for colleagues and patients. These conversations reduce repeated mistakes, create transparency across sites and sectors, and reinforce that quality improvement belongs to everyone.

### A Culture of Safety Starts With Stories

Your experiences — especially the challenging ones — are essential to our collective learning. When we talk openly about what almost happened, we reinforce a culture where honesty is supported, improvement is possible, and patient safety is truly a shared responsibility.

For further information or to access training, contact

**Christine Handrahan,**

Project Manager

[christinehandrahan@ihis.org](mailto:christinehandrahan@ihis.org)

902-218-6303

# *Introducing our Newest Team Members*



## *Stacey McEwen*

*Quality and Patient Safety Consultant*

Stacey brings over 15 years experience in diagnostic imaging and health education across various departments within Health PEI. As a former Instructor at the PEI School of Radiography (June 2015 - present), she is highly skilled in education, research and the provincial health system. In addition, Stacey holds a certificate in Mental Health First Aid and is a Basic Life Support Instructor. Stacey resides in Brookfield with her husband, Scott and their two children, Julia and Jack. She enjoys camping and you can find her at the rink all winter.



## *Kelly Walker*

*Quality and Patient Safety Consultant*

Kelly Walker is a CIS DI Clinical Analyst at Health PEI with 18 years of experience in Diagnostic Imaging, including roles like Radiography Supervisor and Clinical Coordinator. She lives in Stratford with her husband, Jevan, their daughters Olivia (14) and Charlotte (10), and their Bernese Mountain dog, Gigi. Outside of work, she enjoys supporting her daughters at hockey and soccer games and practices Pilates.



## *Carolyn Crane*

*Quality and Patient Safety Consultant*

Carolyn is a physiotherapist originally from PEI. She holds a Bachelor of Science in Kinesiology and a Master of Science in Physiotherapy. Over the course of her career, she has worked across several Health PEI sites, most recently in Primary Care, where she collaborated with interdisciplinary teams to support patients in the community. Through her experience in a variety of clinical settings, Carolyn has developed a strong interest in healthcare systems and improving the processes that support quality care.



## *Krista McLellan*

*Quality and Patient Safety Consultant*

Krista is a graduate of the Bachelor of Science with Major in Psychology program (Saint Mary's University, 2005) and of the Bachelor of Science in Applied Human Nutrition program (Mount Saint Vincent University, 2011). Krista has many years of experience working as a dietician and in various management positions in Nova Scotia. She has completed numerous leadership courses and certificates to date. Krista joined the QPS division in March 2022 and is now back from a recent leave. Krista lives in Stratford with her partner Ehssan and their three children Evan, Logan, and Ryan.

# PATIENT EXPERIENCE WEEK: APRIL 27-MAY 1, 2026

Health PEI is proud to participate in Patient Experience Week, held **April 27 – May 1**. This annual global event celebrates the accomplishments of healthcare organizations and honors nurses, physicians, allied health professionals, support staff, managers and leaders who positively impact the experiences of patients and families.



## Why Celebrate Patient Experience Week?

Patient Experience Week recognizes employees, physicians and leaders for their hard work, while encouraging their ongoing commitment to supporting patients and families. It highlights and appreciates the contributions of all staff in delivering person-centered care.

## Nominate a Health PEI Patient Experience Star who exemplifies traits such as:

- Engaging patients and families in treatment decisions
- Fostering positive relationships
- Practicing active listening and acknowledging concerns
- Demonstrating empathy and compassion
- Providing resources for understanding conditions and treatment options.

[Click to nominate a Star](#)



Nominate your Patient Experience Star by **April 13, 2026**. Staff members will be recognized in future communications.

For questions, contact **Kimberley Hagan**, Director Patient Experience at 902-218-2136 or **Donna Galloway**, Manager Patient Experience at 902-213-0634

# Accreditation Update

SAVE THE DATE

2026							JUNE
SUN	MON	TUE	WED	THU	FRI	SAT	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30					

Stroke Distinction Onsite Survey is **May 31 – June 4, 2026.**

Health PEI Accreditation Onsite Survey is **June 7 – June 12, 2026.**

There will be a team of **11 Surveyors** from Accreditation Canada and **1 patient surveyor** (for the first time!) visiting Health PEI.

**QITs/programs/managers/directors are encouraged to continue to focus on preparing staff for the June accreditation visit.**

## Mock Tracers:

Mock Tracers are being implemented across all programs and services at Health PEI. These exercises are designed to prepare staff for the upcoming onsite survey.

- Staff will have the chance to respond to questions that resemble those posed by surveyors during an accreditation tracer.
- This is also an opportunity to highlight the excellent work being done daily throughout our health system.

Additionally, Mock Tracers enable site leadership to pinpoint areas needing improvement and address them before the scheduled onsite survey.



## Resources

For all Accreditation resources please visit the [Staff Resource Centre Accreditation Tab](#) to access [Did You Know](#), [ROP of the Month](#), [Accreditation Toolkit](#) and [Accreditation 101 video](#).

**NEW** ROP Handbook and Standard sets can now be accessed on the [SRC](#) using the password **AC2026**.

## Questions

For any accreditation related questions please reach out to your program's dedicated Quality and Patient Safety Consultant (QPSC).

**Look for these feedback forms on your Quality Boards!**

Health PEI  
MOCK TRACER  
FEEDBACK

Unit/Program:  
Date Surveyed:

Highlights

Improvement Opportunities

All Health PEI, our aim is to be Accreditation 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 onsite survey visit is June 7 - June 12, 2026.

# Making Quality Visible: How to Build an Effective Quality Board

In the fast-paced world of healthcare, where patient safety and continuous improvement are paramount, **Quality Boards** serve as powerful visual tools to align teams, track progress, and foster a culture of transparency and accountability.

But what exactly makes a **Quality Board** great—not just good?

A **Quality Board** is a dynamic visual tool that enhances engagement, transparency, and accountability in continuous improvement across various sectors. Its main goals include:

- Visualizing progress on initiatives
- Engaging teams in problem-solving
- Tracking key metrics
- Fostering communication and collaboration
- Celebrating successes and learning from setbacks

Incorporate an interactive element to demonstrate staff engagement to surveyors. One fun holiday idea is to hide an elf on your board and challenge staff to find it for a chance to win a prize!



## Essential Components of a Quality Board:

- Health PEI Banner (If you need one contact your Quality Patient Safety Consultant)
- QIT Member List and Titles
- QIT Workplan
- QIT Indicators Data
- Key Messages from QIT Meetings
- Accreditation Time Line
- Mock Tracer Feedback Form
- ROP of the Month and Did You Knows
- Audit results

## Optional Components:

- Idea Generation Section for staff input
- Recognition and Celebrations for team achievements and contributions

## 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

### QIT Improvement Indicators

### ROP of the Month

### Did You Know

### MOCK TRACER FEEDBACK

Health PEI  
Santé Î.-P.-É.

Mock Program  
Date: [Blank]

Highlights

Improvement Opportunities

All Health PEI, we aim to be the Accreditation ready every day! We support our staff with tools, training, and feedback to foster a culture of excellence and accountability.

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

Health PEI's next accreditation survey starts in June 7 - June 21, 2025.

### 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

## Additional Notes

- Boards should be updated monthly
- Include visuals – charts, graphics, and images help to capture people’s attention
- Assign a team member to be responsible for updating the board monthly



For additional support contact your Quality Patient Safety Consultant





# Crowd Control During Resuscitation Events

During a Code Blue or resuscitation event, every second is crucial. A calm, organized environment enables the resuscitation team to act swiftly and communicate effectively. Therefore, all staff are reminded of the importance of maintaining crowd control during these critical situations across hospital units.

Effective crowd control during resuscitation is crucial for patient safety and team efficiency. Unnecessary personnel can:

- Disrupt workflow, hindering life-saving actions.
- Violate patient privacy during vulnerable moments.
- Lead to breaches of confidentiality in open settings.

These risks are preventable, highlighting the importance of maintaining a controlled environment during critical events.

## WHO SHOULD ATTEND A CODE?

Only designated resuscitation team members should respond to a Code Blue emergency; others must stay out unless asked for help. It's important to maintain normal workflow, keep hallways clear, and support the code team by preserving a controlled environment.



## A SHARED COMMITMENT TO PATIENT-CENTERED CARE

By respecting these boundaries, we help ensure:

- The resuscitation team has the space and focus needed to provide optimal care
- The patient's dignity and privacy are protected
- Our organization maintains its legal and ethical responsibilities

Thank you for your ongoing cooperation, professionalism, and dedication to safe, patient-centered care. Every action you take to support code response safety strengthens our overall culture of quality.




Do you have any questions regarding the information you've read here? Would you like to propose a topic or story idea for an upcoming edition of the newsletter? If so, feel free to reach out to **Catherine Coady** at [cacoady@ihis.org](mailto:cacoady@ihis.org)

[EMAIL CATHERINE](mailto:cacoady@ihis.org)



The [Staff Resource Centre](#) (SRC) homepage includes a Quality and Patient Safety section that highlights essential information regarding accreditation, enhancement, safety, and ethics. Staff members are encouraged to visit this section regularly for the latest updates.

[STAFF RESOURCE CENTER](#)



The Quality & Patient Safety Quarterly Review is brought to you by the Quality, Patient Safety and Ethics Division