ROP Fact Sheet: Patient and Family’s Role in Safety

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that organizations must have in place to enhance patient/client/resident safety and reduce risk.

**ROP: The team informs and educates clients and families in writing and verbally about the client and family’s role in promoting safety.**

Test for Compliance:
- ✔ The team develops written and verbal information for clients and families about their role in promoting safety.
- ✔ The team provides written and verbal information to clients and families about their role in promoting safety.

Patient and family-centred care is a key area of focus in accreditation. Tracers look at our programs through the lens of our patients and their families by following their journeys. Surveyors will be looking for evidence that we treat patients and their loved ones as partners in care, informing and engaging them to play an active role in their care and safety.

This is particularly important in order to support patients with spinal cord injuries, whose lives are often dramatically altered as a result. Engaging patients to play an active role in their own safety may include, but is not limited to, topics of:

- ✔ Recognizing and managing the secondary complications and chronic conditions that could develop with SCI
- ✔ Mobilizing and performing activities of daily living safely
- ✔ Pain management
- ✔ Understanding medications and how to take them
- ✔ Preventing infections through hand hygiene and immunizations
- ✔ Supporting the best quality of life while managing risks
- ✔ Recommended routine medical follow-up and reviews

**Meeting this ROP: what compliance looks like:**

1. **Our patients and their loved ones are our partners in care.**
   
   We believe in proactively engaging patients and their families as early and often as possible. Assessments, care plans and monitoring of outcomes are developed and discussed in partnership with our patients and their loved ones right from the start, so that they are a true reflection of their needs, risk factors, values and preferences. We tell patients what they can expect, who is on their care team, and what they can do to help us help them. We encourage their questions and honest feedback, and invite them to become involved in the SCI community through peer support, consumer advocacy groups and quality improvement initiatives such as the Rick Hansen Spinal Cord Injury Registry.
2. Supporting recovery and self-management is part of what we do every day.
Whether in acute care or rehabilitation settings, our ultimate goal is to support our patients and families to return to healthy, fulfilling lives. Teaching and listening to help patients and families learn how to live with SCI is at the core of every care activity:

- Health promotion, prevention and early detection of secondary complications of SCI
- Procedure-specific and condition-specific teaching with evidence-based resources
- Individualized outcome-focused care plans to maximize function and quality of life
- Patients as integral members of the care team, participating in rounds and other communication
- Self-management skills as an integral component of the care and transition plan
- Focus on reintegration into the community and developing new abilities

3. We use a wealth of resources in print and other media to supplement verbal information.
We recognize that learning to live with SCI is overwhelming enough without having to remember an onslaught of verbal information, so we provide resources that our patients can refer to along the way. For example, our services have “Welcome” handbooks, pamphlets or information packages on what our patients and their loved ones can expect. We provide clear instructions around discharge and transition, follow-up care, and self-management. We refer our patients to reputable sources of evidence-based information.

What You May Be Working On:

- Enhancing patient education materials – developing new ones, keeping them current, and offering them in multiple languages according to your patients’ needs
- Engaging patients and families as part of the care team – actively involving the patient and/or loved ones in the determination of goals, care plans and outcomes, i.e. bedside rounding, care conferences, and encouraging questions as part of daily care
- Exploring innovative media – do you have a creative example of how you partnered with patients and families on safety topics? Share them at accreditation@rickhanseninstitute.org
- Patient and Family Centred Care – working as an integrated continuum of care to support patients and their loved ones throughout their journey to reintege into the community and enjoy the best possible health and quality of life outcomes.

Surveyors could:
- Review interdisciplinary care plans
- Talk to any discipline about how they engage the patient and family in developing the care plan
- Observe interdisciplinary team meetings (i.e. rounds or huddles)
- Talk to patients and their loved ones about their experience of care, involvement in decision-making, and continuity at transition points
- Ask to see printed patient information resources
- Ask staff how they verify that patients and/or family members understand the information provided
- Ask staff how they support patients/families who do not speak English
- Observe what safety information is posted in publicly visible areas, such as signage and reminders

We want to hear from you!
Share your quality improvement gems with the SCI community at accreditation@rickhanseninstitute.org