Systems approach to Patient Safety and Experience

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Singapore Healthcare Management Congress 2017
Growing Complexities in Healthcare
CHALLENGES IN HEALTHCARE

Complexity & stress

Rising costs

Increasing demand

Age Profile of Citizen Population

... we could be short of ~ 11k workers in 2030...
(equivalent to staffing in 2 acute hospitals)

EVEN AFTER

- Successfully attracting more Singaporeans into healthcare
- Achieving moderate success with care transformation efforts
- Achieving annual 2% productivity savings in public acute sector
FROM DISEASE CENTERED TO PATIENT-CENTERED CARE

Where we have been:
- Fragmented care
- Provider centered care
- Paper
- Patients as passive participants
- Facility based visits
- “What’s the matter with you?”

Where we are going:
- Coordinated Care
- Patient centered
- Electronic
- Patients are fully engaged
- Innovative care delivery strategies
- “What matters to you?”

“In health care, value is defined as the patient health outcomes achieved per dollar spent.”

Michael Porter

“Value in Healthcare”, NEJM 2010
Patient – at the centre of all we do

Patient – a partner of all we do
Patient safety and experience – in 30 years

After 10 years...

After 20 years...

After 30 years...
Patient safety / quality

Patient experience
Clinical expertise

Patient safety / quality

Patient experience

Clinical outcome

Customer expertise

Patient experience

What’s the matter? + What matters?
Patient Satisfaction ≠ Patient Experience
Patient Experience

The sum of all INTERACTIONS

The orchestrated touch-points of people, processes, policies, communications, actions and the environment

The vision, values, peoples (at all levels and in all parts of the organisation) and community

Influencing PERCEPTIONS Across the CARE CONTINUUM

What is recognised, understood and remembered by patients and support people. Perceptions vary based on individual experiences, such as beliefs, values, experiences, cultural background, etc before, during and after the delivery of care

The Beryl Instute
‘Traditional’ View:

- Patients lack formal medical training
- Patient-satisfaction measures “happiness,” – easily influenced by factors unrelated to care
- Patients base their assessment of their experience on their health status, regardless of the care they've received
- Patient-experience measures reflect fulfillment of patients' desires regardless of benefit
The Clinical Case for Improving Patient Experience

Ambulatory Care Improvement Guide on Practical Strategies for Improving Patient Experience

- Good patient experience is associated with important clinical processes and outcomes

Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Agency for Healthcare Research and Quality (AHRQ)
Results of research study

• Study in 23 New Hampshire hospitals on patients hospitalized for heart attack
  – Patient-centered processes of care
    – Patient education
    – Discharge planning

• Patients with better care experiences had better health outcomes a year after discharge
  – Patient experience positively correlates to processes of care for both disease prevention and management

Some Study Findings

• Effective physician-patient communication
  – correlates with adherence to medical advice and treatment plans

  Zolnierek KB, et al. Med Care 2009; 47: 826-34

  Physicians’ characteristics influence patients’ adherence to medical treatment:
  • tendency to answer patients' questions
  • responsive and respectful
  • comprehensive knowledge of patients

Expanding patient involvement in care

Educating and empowering diabetic patients’ participation in medical care for blood sugar control

- Fewer function limitations and better quality of life

Patients with better care experiences often have better health outcomes

A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle,1 Laura Lennox,1,2 Derek Bell1,2

Article focus

- Should patient experience, as advocated by the Institute of Medicine and the NHS Outcomes Framework, be seen as one of the pillars of quality in healthcare alongside patient safety and clinical effectiveness?
- What aspects of patient experience can be linked to clinical effectiveness and patient safety outcomes?
- What evidence is available on the links between patient experience and clinical effectiveness and patient safety outcomes?

Key messages

- The results show that patient experience is consistently positively associated with patient safety and clinical effectiveness across a wide range of disease areas, study designs, settings, population groups and outcome measures.
- Patient experience is positively associated with self-rated and objectively measured health outcomes; adherence to recommended medication and treatments; preventative care such as use of screening services and immunisations; healthcare resource use such as hospitalisation and primary-care visits; technical quality-of-care delivery and adverse events.
- This study supports the argument that patient experience, clinical effectiveness and patient safety are linked and should be looked at as a group.
Experience and Desired Outcomes

Experience

• affects quality, safety and service
• is impacted by accessibility, communication and affordability

Aspired outcomes for healthcare organizations

• clinical outcomes
• consumer loyalty
• community reputation

Jason A. Wolf, PhD, CPXP, Founding Editor, Patient Experience Journal, President, The Beryl Institute
Crossing the "Us" vs "Them" Divide

Collaboration  Teamwork

Common Goals

Transparency  Accountability
KKH Experience: Using ‘Systems Thinking’ Tools

Leadership training for management
Learning tools
Skills acquisition
Active Patient Engagement

• Involve patients in their care
  – Shared decision-making
  – Collaborative care planning
    • Patients gain knowledge and skills to follow treatment plans and stay healthier
    • Share / Discuss health information with those involved in patient’s care
Co-producing Healthcare

Conceptual model of healthcare service coproduction

Building Community Capability
Paediatric Home Care and Community Care Services

• Started in 2001

• Services developed and expanded to smoothen the discharge process and readiness for care at home

• Value generation
  ➢ Reduced re-attendances
  ➢ Reduced re-admissions
  ➢ Reduced cost
Building Community Capability
Paediatric Home Care and Community Care Services

- Provision of care in the community
- KKH provides training to our partners and caregivers

Desired Outcomes

- Family unit of chronically ill children is stabilised and preserved
- A model for caregiver support which provides respite care and mental health intervention is established
- A community model for caregiver support is developed for Phase 2
Organizational Structure

Formal ‘Dyad’ of Clinician-Administrator

Quality, Safety and Risk Management
- Co-led by Administrative Director and Physician as Clinical Director

Office of Patient Experience
- Co-led by Administrative Director and Physician as Clinical Director

Strategic Committees (e.g. Technology & Data Analytics)
- Co-chaired by Physician and Administrator
KKH Experience: Leadership Rounding

• Leaders meet with care teams and patients to dialogue
• Pairing Administrator and Clinician EXCO members
• Understand challenges, hear their concerns
• Discuss hospital issues
  – Infection control
  – Medication Safety
  – Strategic hospital initiative or focus
Leadership Rounding at Night
KKH Experience:
Leadership Rounding

767 Issues Raised over 18 months

- **47%** Issues Closed
- **34%** Following Up
- **10%** Assessment done and no further action required
- **6%** Workgroup Formed
- **3%** Keep In View
A new method of handing over patients’ reports during change of nurses’ shifts was initiated in 2010.

Instead of handing over report at the nurses’ counter, we asked our staff to do it at the patients’ bedsides.

Patients and caregivers are updated about medical conditions and management, hence involving them in their care.

Patients/caregivers can also ask questions or clarify their treatment plans.

This initiative was well received by our patients and their caregivers.
KKH Experience: Patient Engagement

• Bedside handover
  – Keep patients and caregivers updated on care plan
  – Encourage raising of safety concerns
  – Practice of anticipatory care

• Moving forward
  – Involvement in care process redesign projects
The New Patient Experience Survey is based on the Hospital – Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- A well validated patient experience survey used in all US hospitals receiving government grants
- Produces comparable data for public reporting – benchmark and learn from the best practices
Our Commitment…Our Pledge

- Actively identify and mitigate risk to prevent harm – Speak Up!

- Have open and honest sharing of good catches, best practices, observations within our teams and beyond.

- Continue to build a culture in which everyone accepts he or she is accountable for safety.

- Accept that “good enough” is simply not enough – we can do better!

We will keep our Patients Safe!

I will…
Act Now!
Speak Up!
Be Accountable
And Partner everyone
For Patient Safety
Patient Safety ASAP
5 Moments for Hand Hygiene in a Clinical Setting

1. Before touching a patient
   When? Clean your hands before touching a patient when approaching him/her.

2. Before clean / aseptic procedure
   When? Clean your hands immediately before performing a clean/aseptic procedure.

3. After body fluid exposure risk
   When? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).

4. After touching a patient
   When? Clean your hands after touching a patient and his/her immediate surroundings, when wearing the patient's side.

5. After touching patient surroundings
   When? Clean your hands after touching any objects or furniture in the patient's immediate surroundings, when leaving—even if the patient has not been touched.
How often did doctors voluntarily wash or sanitize their hands before caring for you/your child?
KKH **Nurses** Hand Hygiene Compliance Rate - Moment 1
Jan 2016 - Jun 17

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<th>Jul-Sept 16</th>
<th>Oct-Dec 16</th>
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Human Factors - Hand Hygiene in ICU

Patient zones to manage overcrowding & equipment cross-infection

Just-in-time reminders for clinicians to clean their hands
Human Factors - Hand Hygiene in ICU

Hand Hygiene Rate

Compliance Rate (%)

Pre-implementationPost-implementation

Jan 16 - Mar 16 Apr 16 - Jun 16 Jul 16 - Sept 16 Oct 16 - Dec 16 Jan 17 - Mar 17 Apr 17 - Jun 17

Hospital CICU

- Hospital
- CICU
Enterprise Risk Management

• Use Enterprise Risk Management to address potential system failures
• Multi-disciplinary approach to bring all stakeholders to the table
  – Assess risks
  – Formulate mitigating measures
Data to improve experience: e.g. Waiting Time

- Waiting time as a systemic and not local clinic operations issue
- Data analytics and business intelligence tools
- Dissemination to clinical department heads for action
- Performance results reviewed at division meetings
KKH Experience: Transparency & Data-sharing

Dashboards and Reports for open sharing across departments and divisions

- IPSG (patient safety) indicators
- Clinical indicators for medical and nursing
- Patient experience
Weekly Patient Experience Reports on Infopedia

- 80 Dashboards
- 4480 Control Charts
  - reported by ward / class
  - can be further filtered by specialty
- Accessible to all staff with a network ID
Conclusions

• Patient safety/quality and patient experience are parts of the same ‘outcome that matters’
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- Systems approach behooves establishing shared vision and goals for all stakeholders, including patients
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• Patient safety/quality and patient experience are parts of the same ‘outcome that matters’

• Systems approach behooves establishing shared vision and goals for all stakeholders, including patients

• Use data wisely to encourage co-creation of solutions and to develop value-based healthcare
The eyes are useless when the mind is blind.
THANK YOU