Singapore Healthcare Management 2017

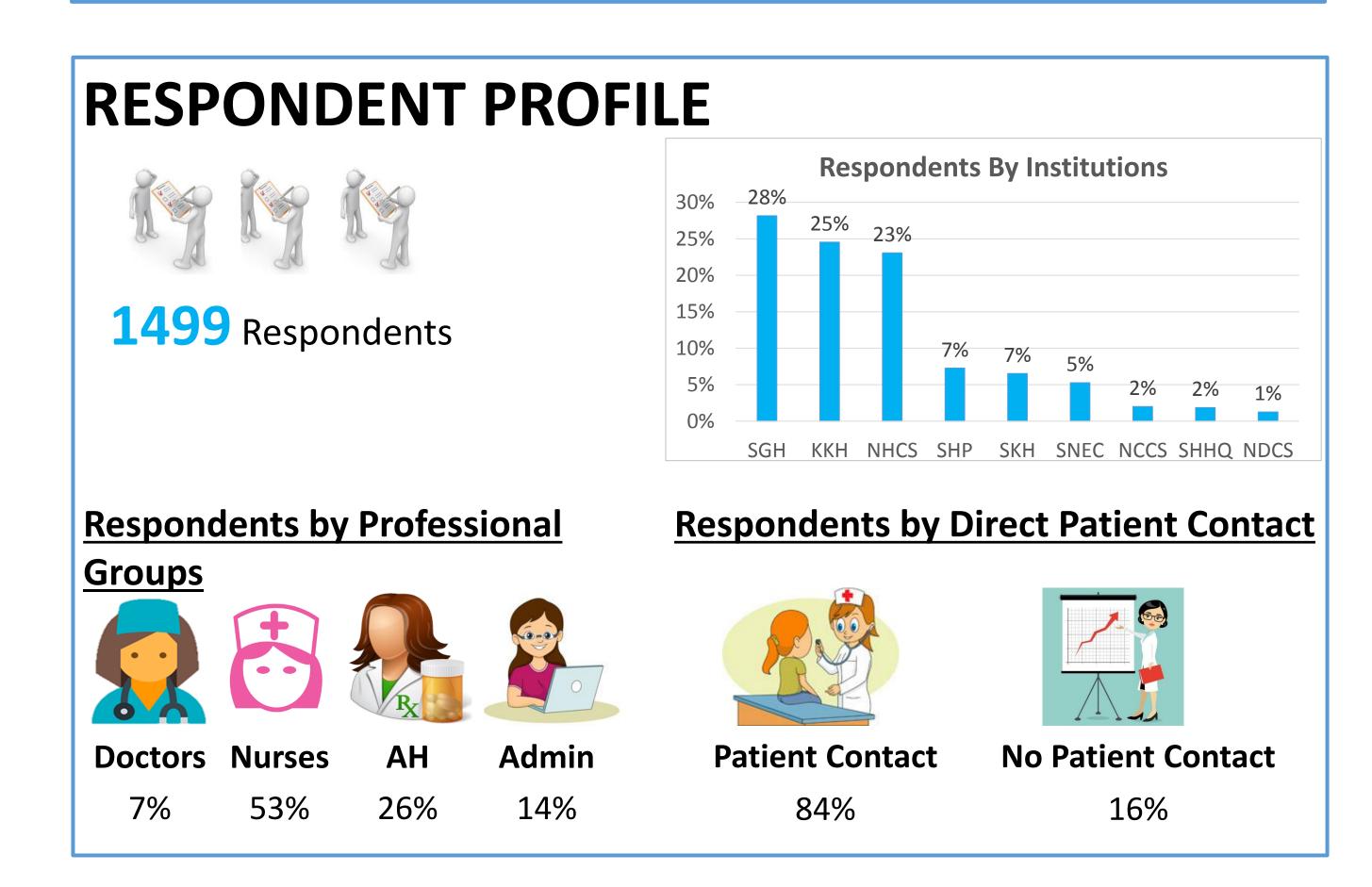
SingHealth Patient Safety Climate Survey 2016

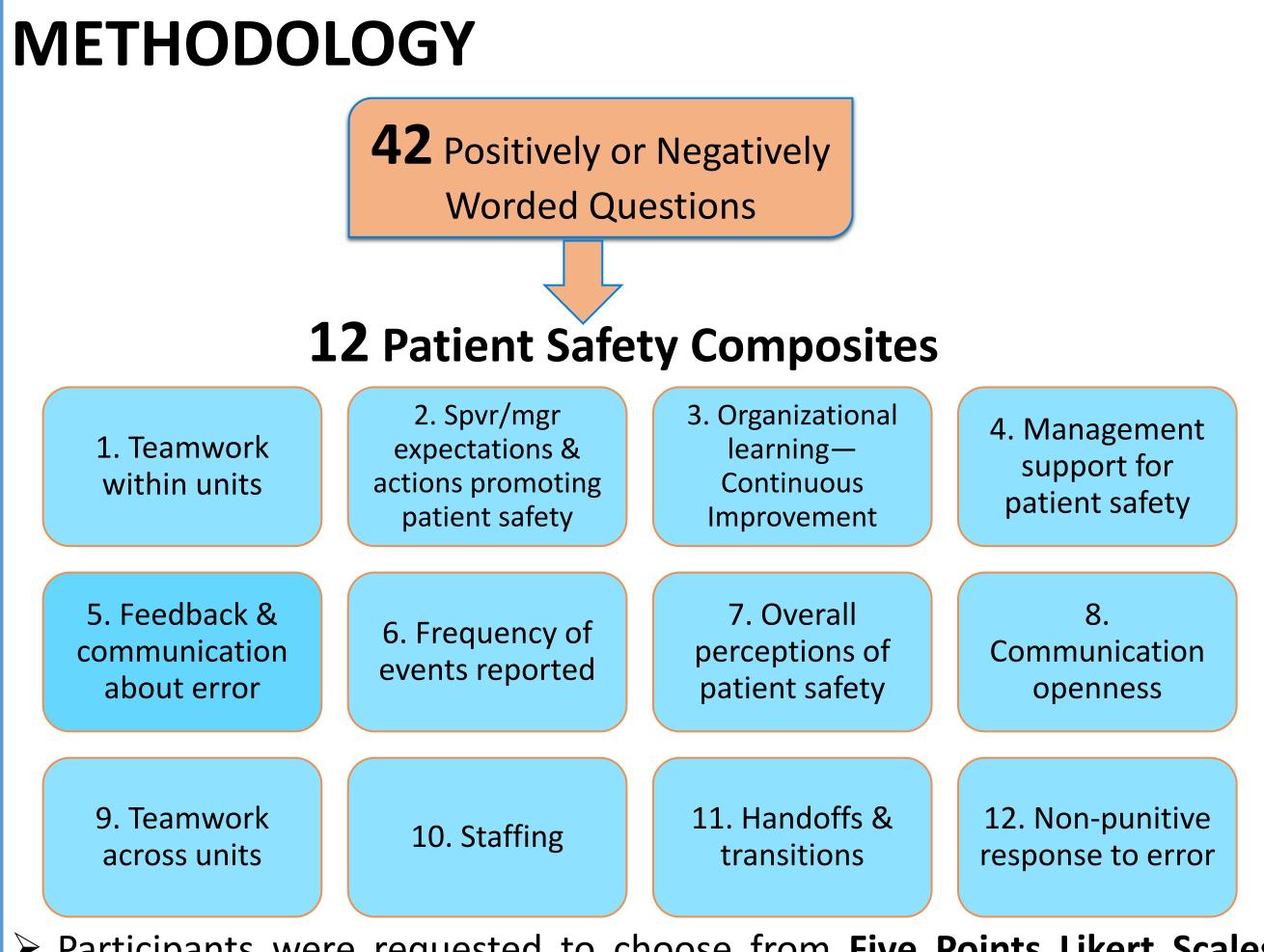
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BACKGROUND & OBJECTIVES

Hospital Survey on Patient Safety Culture was published by Agency for Healthcare Research and Quality (AHRQ) in 2004 which was designed to help hospitals in assessing their staff's perception and opinions about patient safety issues, nature of incidents reporting and culture of safety in their institutions.

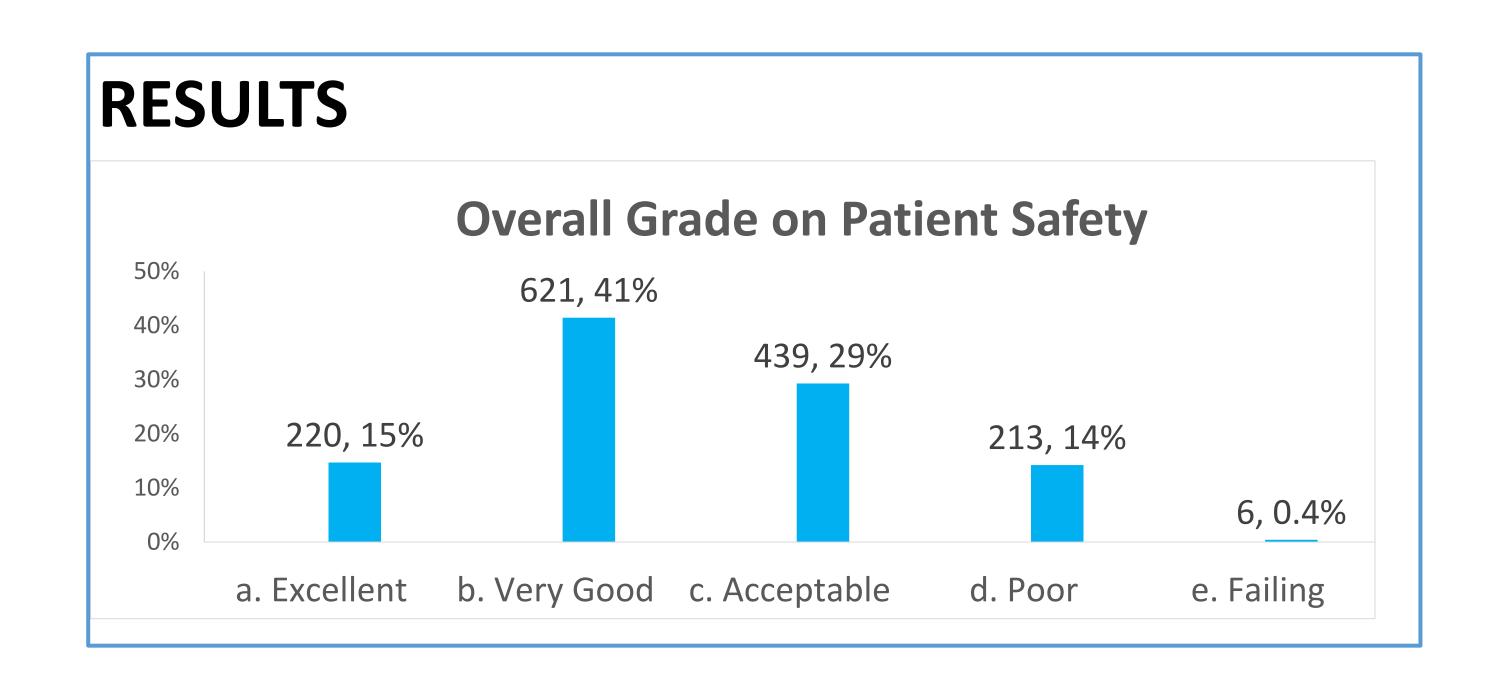




Participants were requested to choose from Five Points Likert Scales (Strongly Agreed, Agreed, Neutral, Disagree, Strongly Disagree) to form their opinions.

Calculating Positive Percent Response

- ➤ For positively worded items → No. of respondent who answered agreed or strongly agreed / Total no of respondents
- ➤ For negatively worded questions → No. of respondent who answered disagree or strongly disagree / Total no of respondent



Composite-Level Average Percentage Response 1. Teamwork Within Units 2. Supv/Mgr Expectations & Actions Promoting Patient Safety 3. Organizational Learning - Continuous Improvement 4. Management Support for Patient Safety 5. Feedback & Communication About Error 76% 6. Frequency of Events Reported 70% 7. Overall Perception of Patient Safety 55% 8. Communication Openness 9. Teamwork Across Units 54% 10. Staffing 11. Handoffs & Transitions 12. Nonpunitive Response to Error 13. Patient Safety Grade 56% 14. No. of Events Reported 42% 80% Positive Neutral Negative

Comparison of SingHealth Composite-	Level	Positive	Perc	ent Re	sponse	with AH	RQ 20:	16 Data	<u>abase</u>		
				AHRQ 2016 Database Hospitals (in the US) - Positive							
					Response Percentiles						
	Std	Sing	Min	10th	25th	Median /	75th	90th	Max		
	Dev	Health		%ile	%ile	50th %ile	%ile	%ile			
1. Teamwork Within Units	8%	77%	26%	75%	79%	82%	85%	88%	96%		
2. Supv/Mgr Expectations & Actions	6%	68%	17%	71%	75%	79%	83%	86%	96%		
Promoting Patient Safety											
3. Organizational Learning - Continuous	8%	79%	15%	63%	68%	73%	77%	81%	93%		
Improvement											
4. Management Support for Patient Safety	5%	70%	39%	60%	67%	73%	79%	83%	96%		
5. Feedback & Communication About Error	14%	76%	17%	58%	63%	68%	74%	78%	89%		
6. Frequency of Events Reported	11%	70%	43%	57%	61%	67%	71%	76%	94%		
7. Overall Perception of Patient Safety	4%	55%	36%	55%	60%	66%	72%	77%	90%		
8. Communication Openness	6%	50%	35%	55%	59%	64%	68%	72%	84%		
9. Teamwork Across Units	7%	54%	34%	50%	56%	61%	67%	73%	91%		
10. Staffing	6%	34%	20%	42%	48%	53%	60%	66%	86%		
11. Handoffs & Transitions	7%	40%	22%	35%	41%	46%	54%	62%	80%		
12. Non-punitive Response to Error	3%	26%	20%	35%	39%	44%	51%	56%	75%		
13. Patient Safety Grade	7%	56%	4%	63%	70%	77%	83%	88%	98%		
14. No. of Events Reported	15%	42%	15%	33%	39%	44%	51%	57%	81%		

Note:

- i. Green indicates institution's average positive percent response is higher than that of AHRQ 2016 Hospital Database and locates institution's position in respective Percentiles of AHRQ Database.
- ii. Orange indicates institution's average positive percent response is more than 25th but less than or equal to 50th Percentile of AHRQ 2016 Hospital Database.
- iii. Red indicates institution's average positive percent response is lower than 25th percentile of AHRQ Hospital Database and locates institution's position in respective Percentiles of AHRQ Database.

CONCLUSION

Areas of Strength for SingHealth

Organizational Learning—Continuous Improvement — 79% of respondents believed that mistakes have led to positive changes and changes are evaluated for effectiveness.

Teamwork Within Units - **77%** of respondents believed that staff support each other, treat each other with respect, and work together as a team.

Feedback & Communication About Error -76% of respondents believed that supervisors/managers consider staff suggestions for improving patient safety, praise staff for following patient safety procedures, and do not overlook patient safety problems.

Areas with Potential for Improvement at SingHealth

Non-punitive Response to Error — Only 26% of respondents felt that their mistakes and event reports are not held against them and that mistakes are not kept in their personnel file.

Staffing — Only 34% of respondents felt that there are enough staff to handle the workload.

Handoffs and Transitions — Only 40% of respondents felt that important patient care information is transferred across hospital units and during shift changes.