



Targeting zero Harm in Specialty Ambulatory Services

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1. Aim

The above members were from the Risk Management Workgroup, appointed to office in FY 2016. Members were from different SOCs in SAS. Safety in the workplace for staff, patients as well as caregiver is one of the initiatives taken by the group. Our former CEO had mandated 'that the organisation will achieve Zero Harm by 2022. In line with CEO's mandate, the RMs Workgroup had planned a series of continuous improvement events with the end in mind to realise 'Zero Harm' By Year 2022 or earlier.

2. Step 1- Who are we?

Group Photograph of the RMs Workgroup



3. Implemented Initiatives:

a) Innovation Board (IB)

The plan was to provide each Dept in SAS with a Board where staff could call it their own and the goal is to develop and empower department staff to solve problems and improve department's performance through decision making and taking leads during the fortnightly discussion on content of the IB that colleagues had contributed.

To-date, since the inception of the Board in March 17, the numbers of ideas contributed totalled 70 nos and 40% of these ideas had been implemented in the various departments, This is an achievement as most ideas are related to Depts' Improvement.

IB started with 2 competitions – Designing of the Board and Naming the Board. Senior personnel in the Organisation were the judges for both competitions and for the "name the Board", Dept staff are required to make a 5 minutes presentation to the judges on the chosen name. Clarity of the presentation were taken into consideration and the Judges also looked at whether the name had been well thought through and how it relates to the purpose of the board, Creativity in the overall planning of the board, the functionality, originality, teamwork, visual impact of space utilisation as well as presence of mandatory requirement are included in the judging criteria.

In SAS, the winning board name selected by the judges is 'Innovation Board'

b) Safety Rounds

To-date, We had embarked on our third Safety Rounds since we were appointed to office in FY16.

The origin of the Safety Rounds in SOCs :

- It started as "Duster Buster Rounds" which was spearheaded by Division of Nursing in early 2016
- It is related to the Hepatitis C outbreak incident where a thorough sweeping of clinics is done to ensure that the findings of the Hepatitis C Incidents are mitigated
- On completion of the Dusty Buster Rounds, the RMS Workgroup continued the rounds and named it Safety Rounds for the following reasons:
- To ensure that the Clinics are safe for patients/visitors to visit and staff to work
- To ensure sustenance of practices at all times and that clinics are geared for audits at any time without additional efforts required for the preparatory process
- Familiarity Blindness is eradicated through participation in cross department activities – O&G NM will be rostered to join the safety rounds of Paeds SOCs and vice versa
- 'Best' practice is shared between the O&G & Paeds SOCs.

Methodology of the safety Rounds:

- Composition of Members
 - Division Director
 - HODs
 - members of RM workgroup
 - Dept NMs
- Audit findings are captured in photos & shared with Dept NM & attendees
- Dept NM will close the audit findings within 2 weeks & revert back on the action(s) taken

Rounds are scheduled with inputs from HODs & Dept NM on suitable day & time

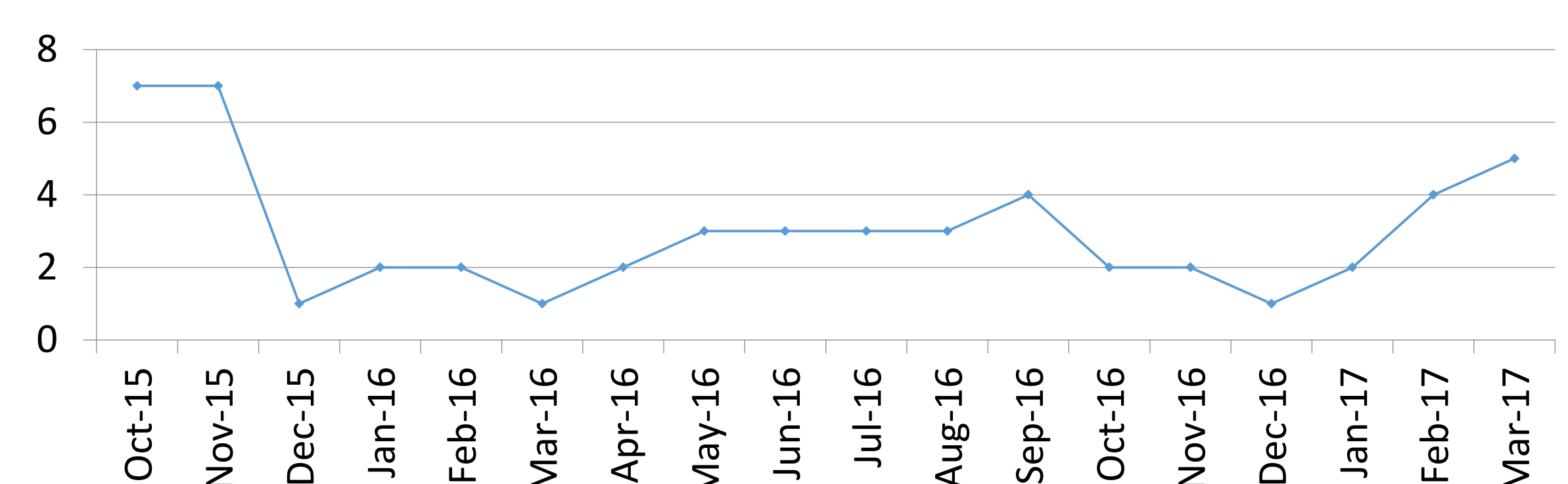
Advantages of safety Rounds

- Continuous learning is achieved through the rounds – this is seen as the findings are decreasing with repeated rounds.
- Cut down stress level as department is ready at all times for internal or external audits.

c) International Patient Safety Goal 1 (IPSG 1)

- In the last 3rd Qtr of FY 15, the last RM workgroup had introduced IPSG 1 Initiatives such as posters and wobblers to be placed at Registration /billing Counters, Treatment & Consult Rooms to ensure that the correct patient is identified with the use of 2 patient identifiers such as full name & NRIC for adults and full name & birth certificate no for children.
- Data collected over a period of 18 months showed that new initiatives introduced in the 3rd Qtr of 2015 is not able to sustain permanently. Human Factor Specialist had advised that for success of practices, the act should be intuitive.

IPSG 1 Incidence from Oct 15 to Mar 17



- The initiatives that were introduced in the 3rd Qtr of FY 15 is able to suppress the IPSG1 occurrence from 1 no to 4 nos for 15 months only.
- **Why is IPSG 1 important especially in a healthcare setting?**
- IPSG 1 is Important as we need to recognise the significance / importance of appropriately Identifying Patients for patients safety. Moreover, it is important that the planned and intended actions of clinical care, interventions and information intended for a patient are carried out on the correct patient

Therefore, what are other IPSG1 related initiatives that could be introduce to SAS?

We have heard of the **5 moments of Hand hygiene**. On the same note, The RM workgroup decided that we could apply this to IPSG1 and called our initiative **5 contact moments of IPSG1**. We remembered the advice of Human Factor Specialist advice and ensure that for our initiative to reap results, it must be intuitive' Our 5 contact moments of IPSG1 are:

- **Before** Registering our patient's medical appointment
- **Before** Patient enters the Consultation Room
- **Before** Patient leaves the Consultation Room
- **Before** any procedure is performed on patient
- **Before** billing and re-appointment

The 5 contact moments of IPSG1 are jobs that are performed by our Patient Service Associates daily. The new initiatives were introduced to our Department NMs to cascade down to their staff during the Department's Roll call. We also had an inservice Session on IPSG1 for all our PCA where we shared on rise of IPSG1, the importance of IPSG 1 and the 5 contact moments of IPSG1. The new initiative was well received

Conclusion:

We are proud to share that we started to see results with the introduction of the 5 contact moments of IPSG 1 in March 17. In April 17, we had 4 incidents, 2 in May & Zero in June till date.