

Introduction

CGH aims to deliver the right care for patients at the right time. Enterprise risk management (ERM) provides a **structured approach** to bring together all staff to work towards common goals in pro-actively identifying and managing clinical, financial, operational, education, research and reputational risks that arise in the course of business. ERM framework was used to identify, measure, monitor and manage surgical safety risks in CGH.

Methodology

The surgical safety committee developed a list of 11 surgical related risks and identified 3 as potentially poorly controlled. Identification was based on the severity and the likelihood of the risk. The risks that were focused were

- Wrong site/side/patient surgery,
- Foreign body retention
- Mislabeling of specimens.

The Correct Site Surgery Standard Operating Procedure (recommended by World Health Organization) seeks to prevent incorrect surgery through consistent, effective implementation of three complementary steps in the preoperative preparation of each surgical patient. This was implemented and the following indicators for performance measures were monitored

- CS1 - Completed Pre-operative verification checklist
- CS2 - Properly marked surgical site
- CS3 - Complete final "Time out" immediately before starting the procedure

Methodology

Data collection was based on documentation and observation audits.

Current Implementation Status

Documentation - CS1, CS2 & CS3 are checked manually from Peri-operative Nursing Care Record
Random sampling was undertaken 300 cases/month until December 2012 and was reduced to 50 cases/month since January 2013 due to high compliance rate,

Observation - For CS1, CS2 & CS3 observational audit is conducted in Major Operating Theatre (MOT) and Day Surgery Operating Theatre (DSOT) with a sample size of 20 cases/month from MOT and 5 cases/month from DSOT for every discipline.

To reduce the risk of foreign body retention, standardised count procedure for swabs, needles & instruments were established along with Improved team communication and counter checks to ensure accurate accounting of sponges and instruments. The policy documented the proper procedure details during preparation for surgery, during surgery and during handover to another surgeon during surgery. We have not seen any retained foreign objects since the implementation of the control measures.

Specimen labeling procedure was standardized to mitigate the risks related to mislabeling of specimens.

Patient's sticker is labelled with the following information:

- Ward number
- Date/Time of specimen collection
- Nature of specimen written in **BLUE ink**
- HT no. **XXXXX** written in **RED ink**
- No documentation on the tag label
- Endorsement must be done by Scrub Nurse on the fixative label.
- Indicate a tick (✓) in appropriate box and initial.



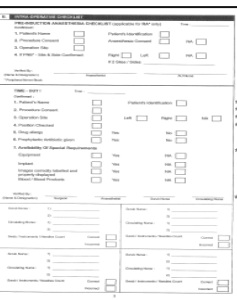
Pasted at the entrance of procedure room



Posters to raise awareness of SOP



Theatre Nursing Care Record

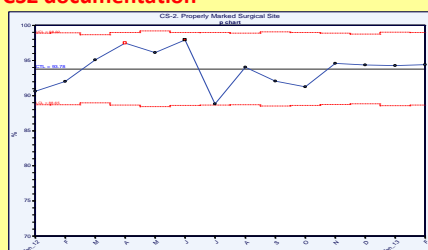


Peri-operative Nursing Care Record

Results

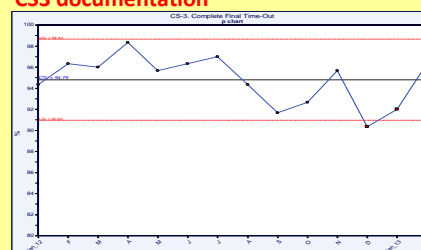
CS1 documentation is computer generated and the compliance rate is mostly 100%.

CS2 documentation



New Sample: 50 Cases per month

CS3 documentation

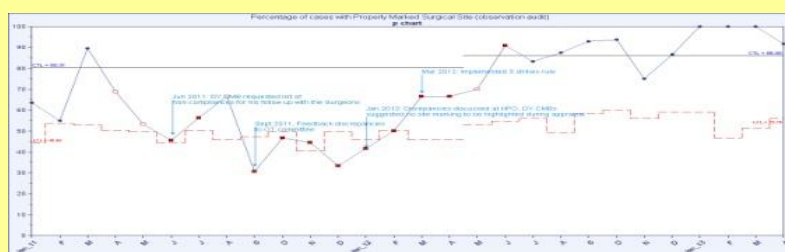


New Sample: 50 Cases per month

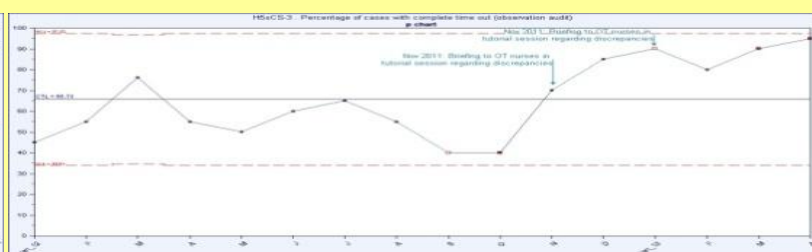
Documentation Initiatives :

- 1) Consolidated the existing Peri-operative Nursing Care Record and High5s (WHO project) Checklist
- 2) Enhanced IT system to remove abbreviations from drop down menu list in Operating Theatre Management System (OTMS)
- 3) Conducted briefings to OT nurses to raise awareness
- 4) Gave feedback to HODs regarding discrepancies.

CS3 observation



CS3 observation



Observation Initiatives;

- 1) Put up posters to raise the awareness of staff regarding complete documentation, site marking and time out.
- 2) 3 Strikes rule for non-compliant staff to site marking (started in March 2012)
 - 1st misdemeanour results in verbal warning from HOD,
 - 2nd in written warning by Dy CMB, Surgery,
 - 3rd leads to punitive measures.
- 3) Revised the existing "Ensuring Correct Surgery" to ensure compliance with the WHO SOP and JCI standards
- 4) Reinforced to the staff immediately when discrepancy occurs during observational audit and feedback to Assistant Director (OT) and Dy CMB, Surgery.



The Reception Unit Team



The ENT Team



The Urology Team



The Orthopaedic Team



The General Surgery Team



The Recovery Unit Team

Conclusion

The Enterprise Risk Management framework has assisted CGH to systematically identify, assess and manage risks on an on-going basis. Mitigation measures have helped improve patient safety and potentially reduce medico-legal claims. These risks will be monitored to ensure controls are functioning effectively.