



**Singapore Healthcare Management 2018**

# Our Patient Safety Journey Towards Zero Harm

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## Introduction

Even with significant technical advances in the provision of health care, there remains unending challenges in creating a culture of safety. Safety culture is the totality of what an organisation is & does in the pursuit of safety. High reliability organisations highlighted the importance of safety culture as a fundamental factor in achieving excellence. So in order to transform our health system, we need to build & spread a culture of safety & reliability.

This poster aims to explore the development of the hospital's safety culture with the improvements made for the past 7 years sequentially to achieve a safe, effective & timely patient care.

## Methods & Materials

On March 2010, the hospital's 1<sup>st</sup> Patient Safety Culture Survey was conducted using the Agency for Healthcare Research & Quality (AHRQ) Hospital Survey tool. The survey was administered via paper only.

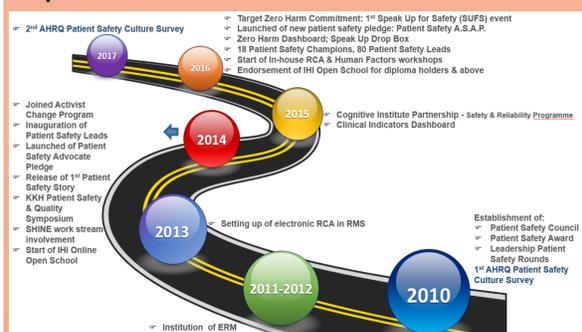
The survey includes:

- 42 items about 12 composites of patient safety culture
- 2 questions about overall grade on patient safety for their work area/unit & the number of events reported over the past 12 months
- respondents demographics

The respondents were asked to answer the survey items using 5-point response categories in terms of:

- Agreement (Strongly agree, Agree, Neither, Disagree, Strongly disagree) [Use in 9 patient safety culture composites]
- Frequency (Always, Most of the time, Sometimes, Rarely, Never) [Use in 3 patient safety culture composites]

Figure 1 showed the safety & quality initiatives implemented from 2010 until 2016



From 3<sup>rd</sup> week of February until 2<sup>nd</sup> week of April 2017, the 2<sup>nd</sup> survey on Patient Safety Culture using the same tool as mentioned above, was organized in collaboration with the Singapore Healthcare Improvement Network (SHINE) Office. The survey was administered mainly via web. A minority of staff with no computer access answered using the paper mode in English, Mandarin, Malay & Tamil versions of the survey. Promotion of the survey was conducted by electronic mail & poster. All staff, including outsourced partners, were encouraged to participate voluntarily.

## Results & Discussion

### Demographics

The 2017 top 3 respondent work areas were:

- Catering (100%)
- Haematology / Oncology (100%)
- Paediatric Surgery (100%)

KKH Respondents	2010	2017
No. of staff completed survey	3,399	4,284
Response rate	88%	94.3%

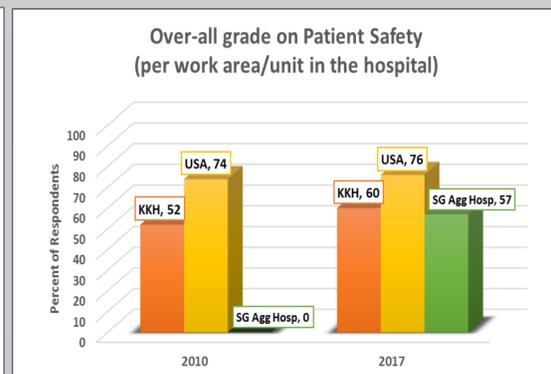
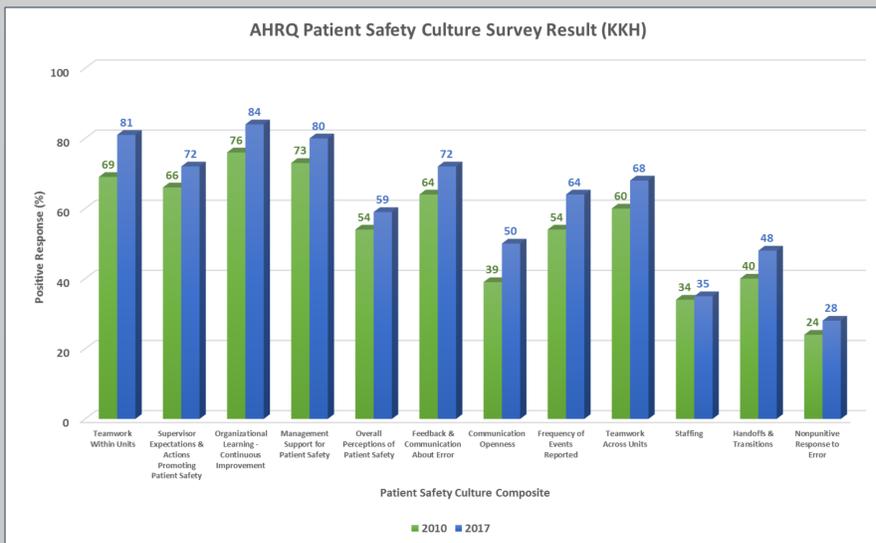
Direct Contact with Patients	2010	2017
Yes, I typically have direct interaction or contact with patients	79%	77%
No, I typically do not have direct interaction or contact with patients	21%	23%

The 2017 top 3 respondent staff positions (based on category) were:

- Nursing (43%)
- Allied Health (15%)
- Ancillary / Clerical (12%)

More than half [77% (2010) vs 69% (2017)] of the respondents have worked in the hospital for 10 years or less.

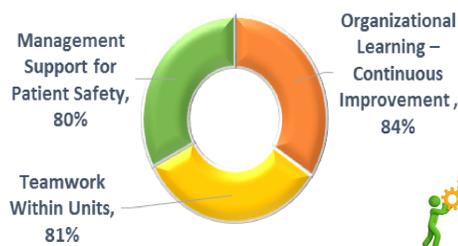
### Survey



Most respondents gave their work area or unit a grade of "Very Good" (50%), "Acceptable" (39%) & "Excellent" (10%) on patient safety for KKH AHRQ 2017.

Comparing with the 2010 AHRQ result, the 2017 patient safety culture composites showed a general improvement with a patient safety index at 64%. Although the frequency of events reported increased from 54% to 64%, half of the respondents (2,664) did not report events for the last 12 months while 1,286 respondents reported at least one event & above. The 2017 score is comparable to the aggregate hospital mark for Singapore while the AHRQ 2016 (USA) database has a slightly better outcome.

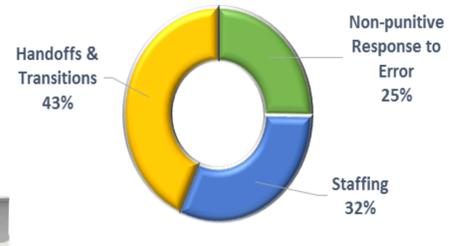
### KKH AHRQ 2017 - Areas of Strength or the composites with the highest average percent positive response



The 2010 top 3 composites in descending order were:

- Organizational Learning - Continuous Improvement (76%)
- Management Support for Patient Safety (73%)
- Teamwork Within Units (69%)

### KKH AHRQ 2017 - Areas of Potential for Improvement or the composites with the lowest average percent positive response



The 2010 bottom 3 composites in ascending order were:

- Non-punitive Response to Error (24%)
- Staffing (34%)
- Communication Openness (39%)

The survey results were shared at different platforms from senior leadership to front-line staff. To address areas for improvement, all employees including outsourced partners are required to attend the 1-hour "Speaking Up for Safety (SUFS) Seminar" by our in-house accredited Patient Safety Champions. The SUFS seminar was also incorporated in the employee & PGY1 orientation programme. Two videos about "Speak Up for Patient Safety" & incorporation of Near Miss Reporting in the current incident reporting system were effected. The next phase of implementation would be the "Promoting Professional Accountability, Safe Choices & Joy at Work".

## Conclusions

Determining safety culture is important because the culture of an organisation & individual attitudes have great influence on patient safety outcomes & can be utilised to monitor change over time. Safety culture surveys helps to understand the type of culture an organisation has, whether it is ready for improvement initiatives & the aspects that may help or hamper improvement efforts. A safety culture embolden staff to speak up about risks to patients & to report errors & near misses, all of which thrust improvement. Strong leadership & managerial commitment is vital to the growth of a positive patient safety culture that encourages learning. The challenge to foster a culture of safety continues. The emphasis must always remain on the patient as they ought to have the safest care possible.

## References

1. Hospital Survey on Patient Safety Culture: 2018 User Database Report by AHRQ
2. Hospital Survey on Patient Safety Culture: 2016 User Database Report by AHRQ
3. Joint Commission International