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Patient Safety Leads Survey: A Tool for Assessing Safety Culture Awareness in KK Women's and Children's Hospital

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Introduction

To ensure that safety becomes an integral part of the of the hospital culture, it is important to have the support from all levels of the organisation. Senior leadership realised that in KK Women's and Children's Hospital, the "middle ground" is critical in bridging the gap between senior leadership and ground staff to enhance the culture of safety in the hospital.

Patient Safety Leads (PSLs) were thus appointed for every department forming the middle level Patient Safety and Risk Management (PSRM) network which was established on 18 February 2014. They are multidisciplinary safety experts empowered to lead in patient safety initiatives & quality improvement activities, thereby improving hospital's culture of safety for both patients and staff alike.

Aim and Methodology

From April to May 2015, one year after PSRM's inception, a survey was conducted amongst PSLs:

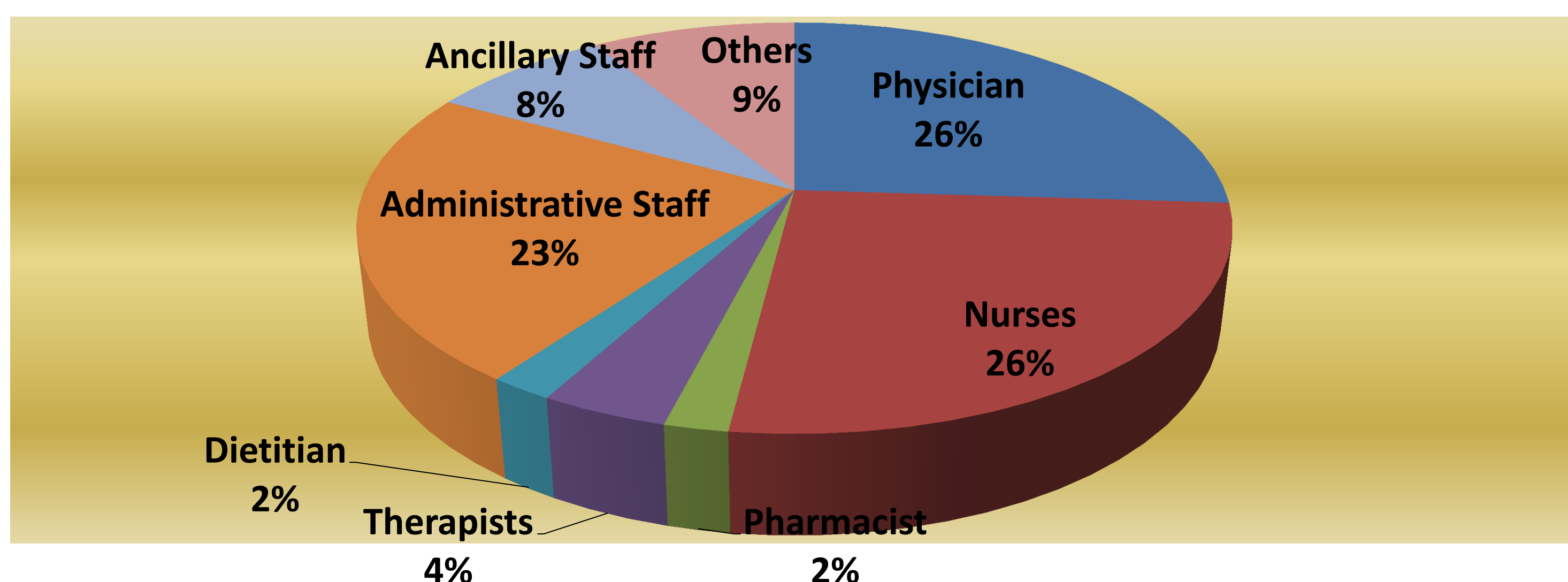
- ✓ To gather PSLs' perceptions about patient safety and the existing culture in their department and in the hospital
- ✓ To establish their growth as a Patient Safety Lead
- ✓ To provide insight on improving the culture of safety in our hospital

A unique identifier was assigned to each PSL and their objective answers were coded accordingly from 1 to 5, 1 being the lowest (strongly disagree) and 5 being the highest (strongly agree). Subjective questions were likewise included in the survey. The survey consisted of 11 objective questions and 3 subjective questions.

Figure 1. Objective questions in the PSL survey

1. Before I was appointed as PATIENT SAFETY LEAD, I have a **BACKGROUND** knowledge **ON PATIENT SAFETY**.
2. Being designated as **PATIENT SAFETY LEAD (PSL)**, it has **INCREASED THE AWARENESS** on risks and patient safety in my department leading to a more patient safety drive and initiatives.
3. The Patient Safety Lead Walk **ROUNDS** conducted in my department have helped **INCREASED THE AWARENESS** on patient safety and a culture of safety in KK hospital.
4. My Department Head & Leaders (**HOD**) **LISTENED** and acted on my suggestions for improvement concerning patient safety issues. (Please indicate your answers for both **BEFORE** and **AFTER** you were designated as **PSL**).
5. The **FRONT-LINE STAFF ENGAGED** me (**PSL**) for safety issue concerns within and outside of my department. (Please indicate your answers for both **BEFORE** and **AFTER** you were designated as **PSL**).
6. There is **INTER-DEPARTMENTAL COLLABORATION** regarding patient safety issues in KK hospital. (Please indicate your answers for both **BEFORE** and **AFTER** you were designated as **PSL**).
7. The **PATIENT SAFETY & RISK MANAGEMENT (PSRM) NETWORK SHARING SESSION** is meaningful and **USEFUL** in promoting a culture of safety in KK hospital.
9. The **PATIENT SAFETY OFFICERS (PSOs)** give **ADEQUATE SUPPORT** to patient safety leads.
11. The dissemination of patient safety information from senior leaders to frontline staff (**TOP-DOWN COMMUNICATION**) in KK hospital is **EFFECTIVE**.
12. The dissemination of patient safety information from front-line staff to senior leaders (**GROUND-UP COMMUNICATION**) in KK hospital is **EFFECTIVE**.
13. It is valuable to **SPREAD THE INITIATIVE OF HAVING PATIENT SAFETY LEADS (PSL)** to other hospitals or healthcare institutions.

Figure 2. PSLs who participated in the survey



Results

Response rate to the survey was at 85% (53 of 62)(see Fig. 2). Majority (74%) of respondents have background knowledge on patient safety prior to their appointment as PSL (**Question #1**) (see Fig. 3). The survey revealed that the presence of PSLs has increased the awareness on risk and safety in their department (92%) leading to more patient safety initiatives (**Question #2**). Furthermore, there is an overall increase in satisfaction amongst PSLs (before versus after appointment) with regards to engaging heads and ground staff of their respective departments as well as interdepartmental collaboration (**Question #s 4-6**). Ninety four per cent agree that PSRM sharing sessions as means of promoting safety culture in KKH are useful (**Question #7**), while 96% believe this initiative of having PSLs is worth spreading to other healthcare institutions (**Question #13**). Top-down and ground-up communications also received positive feedback, scoring 79% and 73% respectively (**Question #s 11-12**).

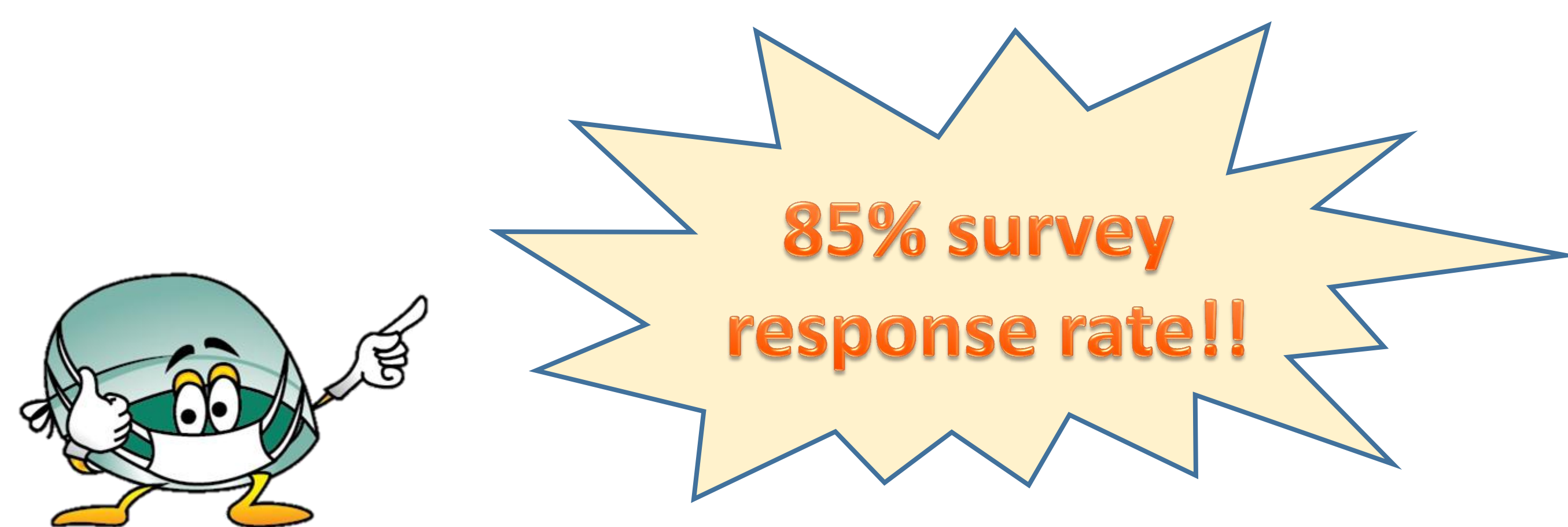
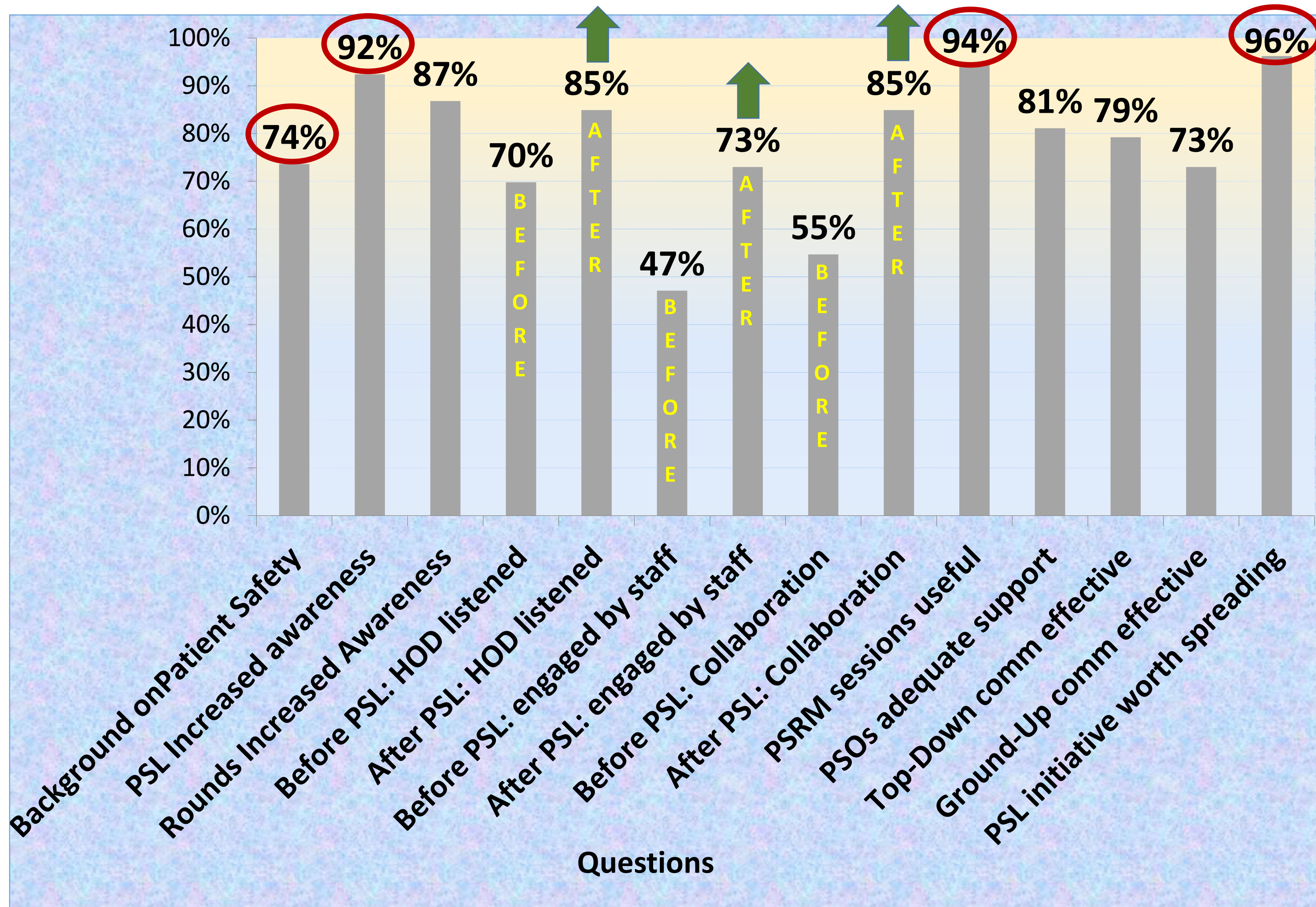


Figure 3. Summary of PSLs' positive responses in the survey



Conclusion

The survey clearly demonstrated that PSLs are highly engaged and satisfied with the activities of the PSRM network program. Some of the PSLs even commented that this initiative is worth sharing to other healthcare institutions while others suggested having additional appointees to widen the network and advance the culture of safety. Opportunity is identified in the areas of communication between leadership and ground staff on matters of patient safety.

Acknowledgement

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