







Organisation of **Patient Safety Walk Rounds** in Tuen Mun Hospital



CIA/D\ Quali

Our Journey in Patient Safety Walk Round (PSWR)

2004

NHS(UK) started weekly PSWR with 20 hospitals joined → showed strong evidence of patient safety improvement

Nov 2010

Dr Allen Frankel (An US expert of Patient Safety)

introduced PSWR with more emphasis on interviewing staff on patient safety concerns

2009

· 院管理局新界西哥民 10 10

NTWC commenced **monthly PSWRs** with specific themes, e.g. medication safety, physical restraint and fall prevention





Our Journey in Patient Safety Walk Round (PSWR)





Mar & Apr 2011
Review of PSWR
programme



Started weekly PSWRs in TMH, combination of the above

May 2011

A more structured but simplified PSWR was introduced

Up till Dec 2013

More than 100 PSWRs were held









Objectives of PSWR

 Identify areas of concerns related to patient safety or quality services in clinical units

Engage staff participation in PSWR programme conducive to promoting

cultural change

 Learn and share good practices as identified during PSWRs







Structure of PSWR

- Weekly basis
 - Every Wednesday's afternoon in Tuen Mun Hospital
- Observe 1-2 units per time
 - Both clinical and non-clinical areas are visited
 - About 1 hour per area
- All areas in TMH are visited once per year
 - A yearly PSWR schedule will be sent to all department heads

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	04-Sep-		KSTANG	Mr Thoma			Ka Lok CHENG	-	MIC		OT3 &	OT4		
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27-	Nov-13	Ms Boar	ie WONG	DrCYL	_	Dr Steve CHAN	KKHO	ACC		8/F (NEURO)	WHC+TSV	_		
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Executive Members of PSWR

- Every PSWR, **2** executive members from senior management are invited to join, they include:
 - Cluster Chief Executive (CCE)/ Hospital Chief Executives (HCE)
 - Service Directors (SD) / General Managers (GM) /
 Clinical Stream Coordinators (CSC)/ Cluster Coordinators (CC)
 - Members of Cluster Clinical Governance Committee (CCGC)
 - Chairpersons of Clinical Risk-related Committees
 - Chiefs of Service (COS)/Department Operations Managers
 (DOM) / Department Managers (DM)
- Also, 1 facilitator from Q&S Division will provide executive support









Part I – Discussion

- Introduce unit service scope
- Share good practices and quality projects
- Bring up clinical concerns on patient safety
- Review Near-miss Journal
- Follow up improvement measures of past incidents







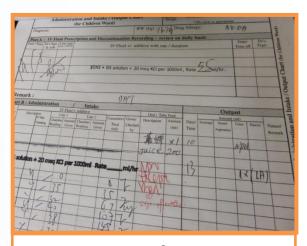


- Part II Unit/Ward Visit
 - Walk through high risk areas with unit managers
 - Discuss on areas with concerns if any
 - Direct feedback by executives





- Part II Unit/Ward Visit
 - A "Focus Areas for Visit" to facilitate visit, which include:



Review of Patient Records/Charts, Documentation & Handover





Physical Restraint





Fire Safety

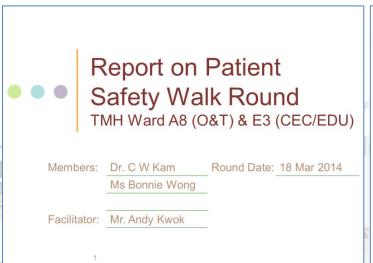






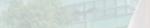


- Part III Sharing & Reporting
 - A simple PowerPoint Reporting with Feedback to unit management for following up areas for improvement
 - Report to CCGC/COS/DOM meetings as appropriate
 - Hospital-wide risks would be later implemented as a standard practice











- Part III Sharing & Reporting
 - Upload good practices on Q&S website
 - Organise **yearly** sharing session to frontline staff









Summary of PSWR

- From Nov 2010 to Dec 2013
 - Completed 109 PSWRs
 - 152 areas
 - 130 clinical & 22 non-clinical
 - >740 good practices were observed
 - >350 areas for improvement were recommended
 - About 2-3 areas for improvement were identified per ward/unit observed

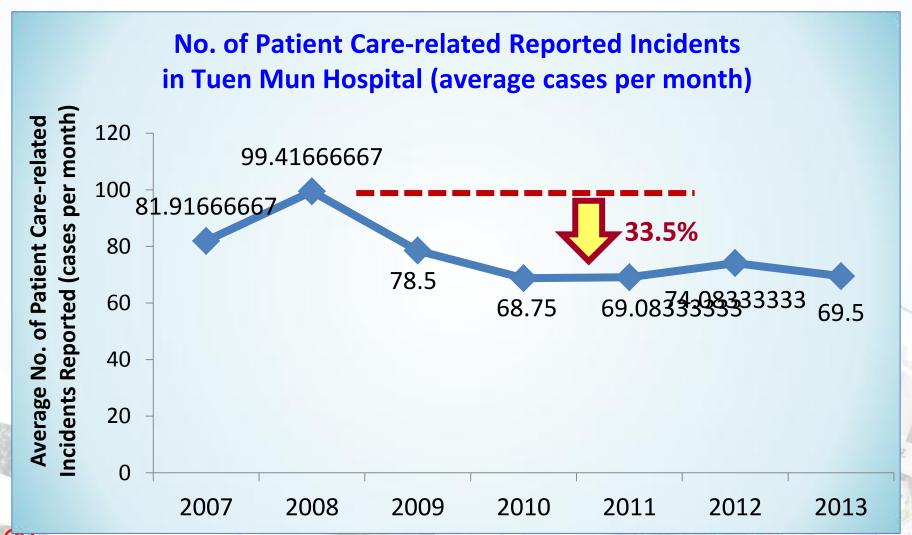








Outcome









Award

 Received "Excellence Award" in Patient Safety Category in Asian Hospital Management Awards 2013













Our Direction in 2014/15

- Extended PSWR to other cluster hospitals
 - POH has commenced PSWR since March 2014
- Invited more senior management to join PSWRs as observers
 - Encouraging participation was observed







