Continuous Quality Improvement on Patient Safety in Occupational Therapy
Department of Prince of Wales Hospital
LeungLFT (1), ChanPSC (1), ChoiWKG (1), ChanCMB (1), LeungMYV (1), AuLYF (1)
1 Occupational Therapy Department, Prince of Wales Hospital

Keywords:
Continuous Quality Improvement
Patient Safety
Occupational Therapy

Introduction
Patient safety in Occupational Therapy treatment area is one of major aspects for risk management; with the application of the continuous quality improvement concept (CQI), the risk factors and possible solutions are being identified relating to the three areas: 1) operational procedures and environmental issues 2) equipment and remedial activities 3) patient risks in training with respect to individual intrinsic factors.

Objectives
Our aims are: (1) to investigate the potential risk on equipment, the risk levels for patients performing remedial activity training, the risk level of different treatment areas in our Department; (2) to formulate solution for the risks identified (3) To increase the awareness and confidence of staff in risk reduction and prevention (4) Prevent and minimize patients’ risk of injury while receiving treatment.

Methodology
Staff opinion survey was conducted to Occupational therapists, Occupational therapist assistants, PCAIIs and other supporting staff on their perception and understanding of the potential risks in use of training equipment and potential hazards in treatment area, before and after the implementation of strategies developed for risk management. With reference to ACSM’s guidelines for Exercise Testing & Prescription (8th Edition), Patient Risk Stratification Guidelines has been developed. Three forms including “Patient’s Supervision Level”, “Activity Intensity and Supervision level” as well as “Physical Activity Readiness Questionnaire (PAR-Q)” have been developed for stratifying all in-patients and out-patients who receive training, work assessment and work hardening in Occupational Therapy Department.

Result
Among the 80 training equipment, 8 items were categorized into moderate to high risk which may cause potential risks to our staff and patients while using. Follow-up actions were established according to the above findings: (1) regular training on using those high risk equipment was provided to our assistants; (2) safety instruction cards were made and displayed prominently on equipment; (3) remedial activity list was revised with stratification of risk level and training intensity. Stratified Risk Areas are identified in Occupational Therapy treatment area, emergency call bell is installed for patient seeking for help; mirrors were installed to enhance patient supervision in blind spot areas behind the pillars. Escort alert identified for patients with cognitive impairment to prevent patients get lost. Patient safety reminder posted in cognitive rehabilitation room to enhance safety of elderly patients with cognitive impairment. Staff alertness in risk management and patient safety is enhanced through training and instruction sheet. Both Occupational Therapists and supporting staff became more alert and were able to provide adequate supervision while patient receiving training according to the stratification, patients were followed up by case therapist in case timely after the application of the guidelines. In conclusion, strategies implemented enhanced patient supervision and reduced the chance for potential risks from occurring, Staff showed increased in awareness in workshop safety, and to maintain supervision for patients' safety in treatment area. Continuous audit on strategies developed will be conducted to assess the effectiveness of the application.