Organisation of Patient Safety Walk Rounds in Tuen Mun Hospital

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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
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
- **Jan 2011**: 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
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
Format of PSWR

• **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
Format of PSWR

• **Part II – Unit/Ward Visit**
  – Walk through high risk areas with unit managers
  – Discuss on areas with concerns if any
  – Direct feedback by executives
Format of PSWR

• **Part II – Unit/Ward Visit**
  – A **“Focus Areas for Visit”** to facilitate visit, which include:

  - Review of Patient Records/Charts, Documentation & Handover
  - Medication Safety
  - Physical Restraint
  - Fire Safety
Format of PSWR

• **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
Format of PSWR

- **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

No. of Patient Care-related Reported Incidents in Tuen Mun Hospital (average cases per month)

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<th>Year</th>
<th>Average No. of Patient Care-related Incidents Reported (cases per month)</th>
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<td>2013</td>
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<tr>
<td></td>
<td>69.5</td>
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</tbody>
</table>

33.5% decrease in average cases per month from 2007 to 2013.
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
Thank you