



Service Priorities and Programmes Electronic Presentations

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Implementation of a Global Electronic Incident Reporting System in a Private Medical Group in Hong Kong

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Introduction

There are many channels of complaint and incident reporting have been adopted in Quality Healthcare (QH). However, the reporting criteria and ways of information flow differ. A few number of times, delayed reporting and under reporting occurred in some clinics. We do not have an effective means to pool data for analysis nor writing reports. Also, it is very common to have a situation where one staff has to report the same incident to various departments. Despite incident happening in clinics, there are also some incidents happening in back office or Central Laboratory including sprain back, fell or mucosal exposure injuries. Therefore, it is necessary for us to develop and implement a systematic comprehensive reporting system instead using a manual system that would no longer be able to meet our existing requirement. This system is called Global Complaint and Incident Management (GCIM) system that has several advantages over the current paper-based reporting protocol. The advantages include fewer delays; transmission to several department heads simultaneously; and a data analysis mechanism that will help the company identify broad patterns of error. All staff are being encouraged to use the GCIM system to report any incidents they are aware of.

Objectives

(1) Standardize the incident reporting workflow (2) Reduction of risk to patient (3) Facilitation of prompt management of incidents

Methodology

GCIM is planned to be tested on two big medical centres in the key areas involved in beta-testing the program. Plans call for the system to be implemented clinic-wide by end of December in 2015 after feedback is gathered and refinements made. In fact, the implementation of GCIM is a significant step forward in our clinics' patient safety efforts because it will facilitate a more proactive approach to medical errors and other

unanticipated incidents. Once an incident report is completed, it is automatically sent to the respective Cluster Manager of the clinic where the incident occurred, as well as other departments (Customer Service Department to communicate with victim, Medical Affairs Department to assess the impact caused and conduct Root Cause Analysis if necessary) that have been programmed to receive certain types of incident reports. For instance, all reports regarding medication errors are automatically sent to Central Pharmacy Department and to risk management. This real time, simultaneous transmission enables the both clinical and administrative staff to respond to incidents more promptly and work together in a more coordinated fashion.

Result

As a medical professional and received specialist training in quality and safety, I truly want to get into a proactive mode, where we can figure out where the problems are and take steps to prevent them from recurring. Undoubtedly, the ultimate goal of implementing GCIM is to get to the root of problems and improve clinic processes so errors will be less likely. Another significant improvement expected to come with GCIM is greater accountability. In the old days, no one at the clinic has been responsible to reviewing and addressing all incident reports.