SINGAPOR

EnsureSaferSystems:

Unlocking Possibilities towards HIGH RELIABILITY

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MINISTRY OF HEALTH
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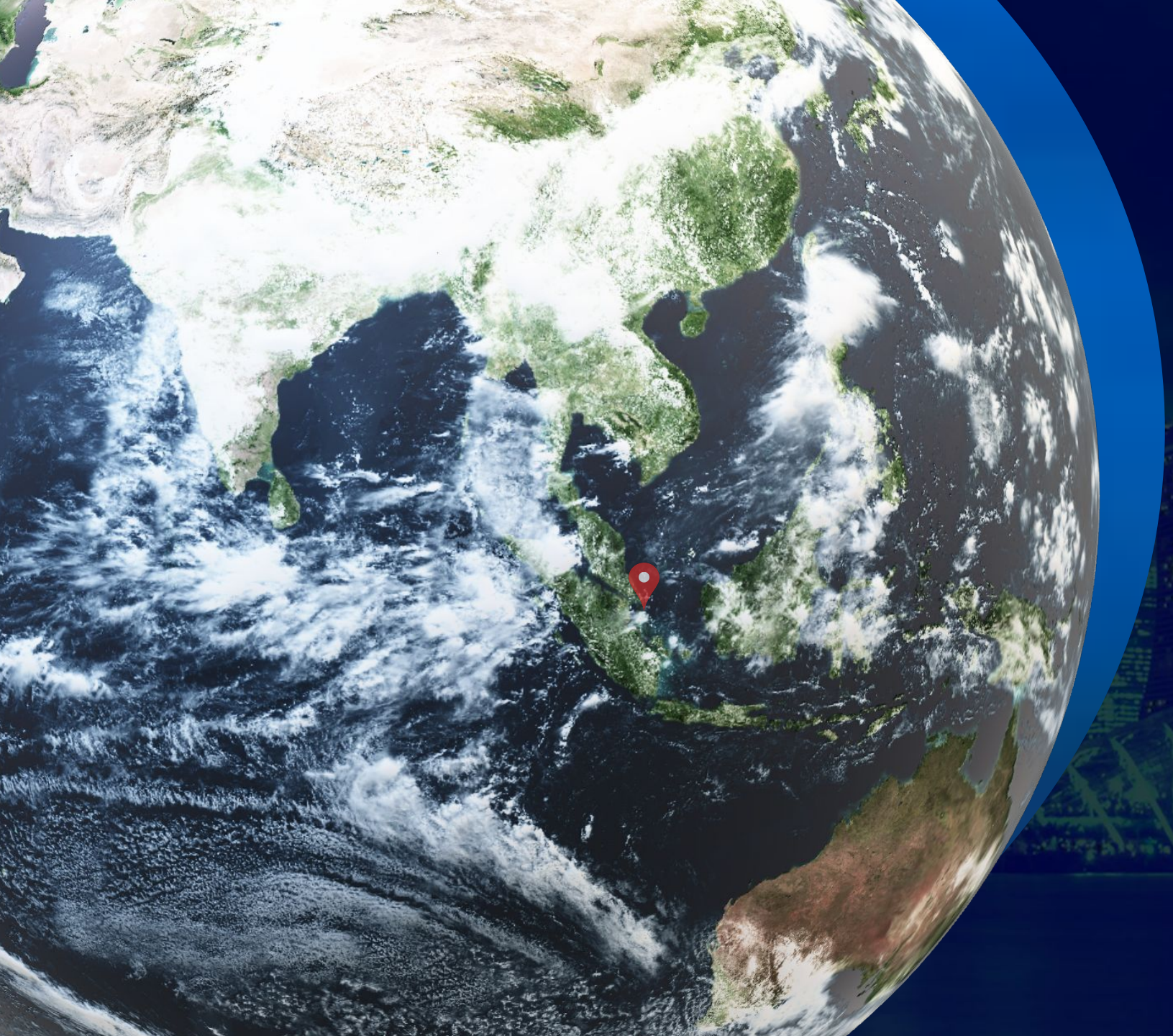
Conflict of Interest: NONE



Singapore

- Land size: 734.3 km^2
- Total Population: 5.6M
- Population density: 7796 person/km^2
- Four ethnic groups

Singapore Public Healthcare System

- 8 General Hospitals
- 2 Specialised Hospitals
- 6 Community Hospitals
- 10 National Specialty Centres
- 23 Polyclinics

Singapore's healthcare quality and safety journey

REGULATIONS

- Medical Registration Act (1953)
- Registration Ordinance of Maternity Homes and Nursing Homes (1959)
- Private Hospital and Medical Clinics Act (1980)
- Healthcare Services Act (2020)

ACCREDITATION

- JCI accreditation (2004-2016/2017)

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MINISTRY OF HEALTH SINGAPORE

Joint Commission International

- Quality Assurance Programmes
- Sentinel Events Monitoring
- Clinical audits

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A journey of resilience towards HIGH RELIABILITY in partnership with JCI to -

- Empowerment and advocating for our patients and healthcare staff in
- A Culturally safe environment
- To Improve quality of care and safety for healthcare institutions

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HIGH RELIABILITY also requires a *mindset shift from*

- Emphasis on compliance
- High stakes assessments
- Heavy reliance on external experts
- Manual data collection
- Goal: Successful accreditation

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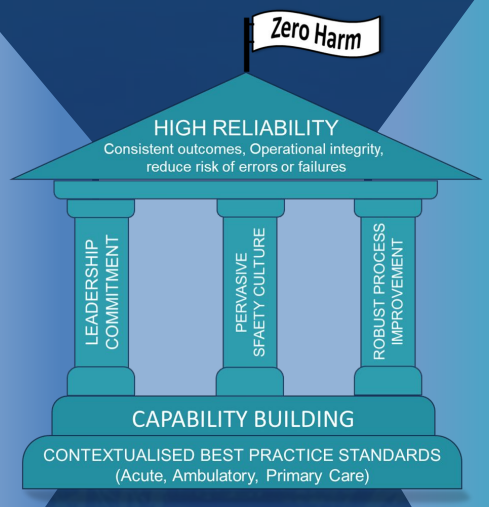

DESIRED STATE

- Improvement as a lifestyle
- Continuous formative assessments
- Locally capable and resilient
- Digitalised collection, reporting and analytics
- Goal: Zero harm

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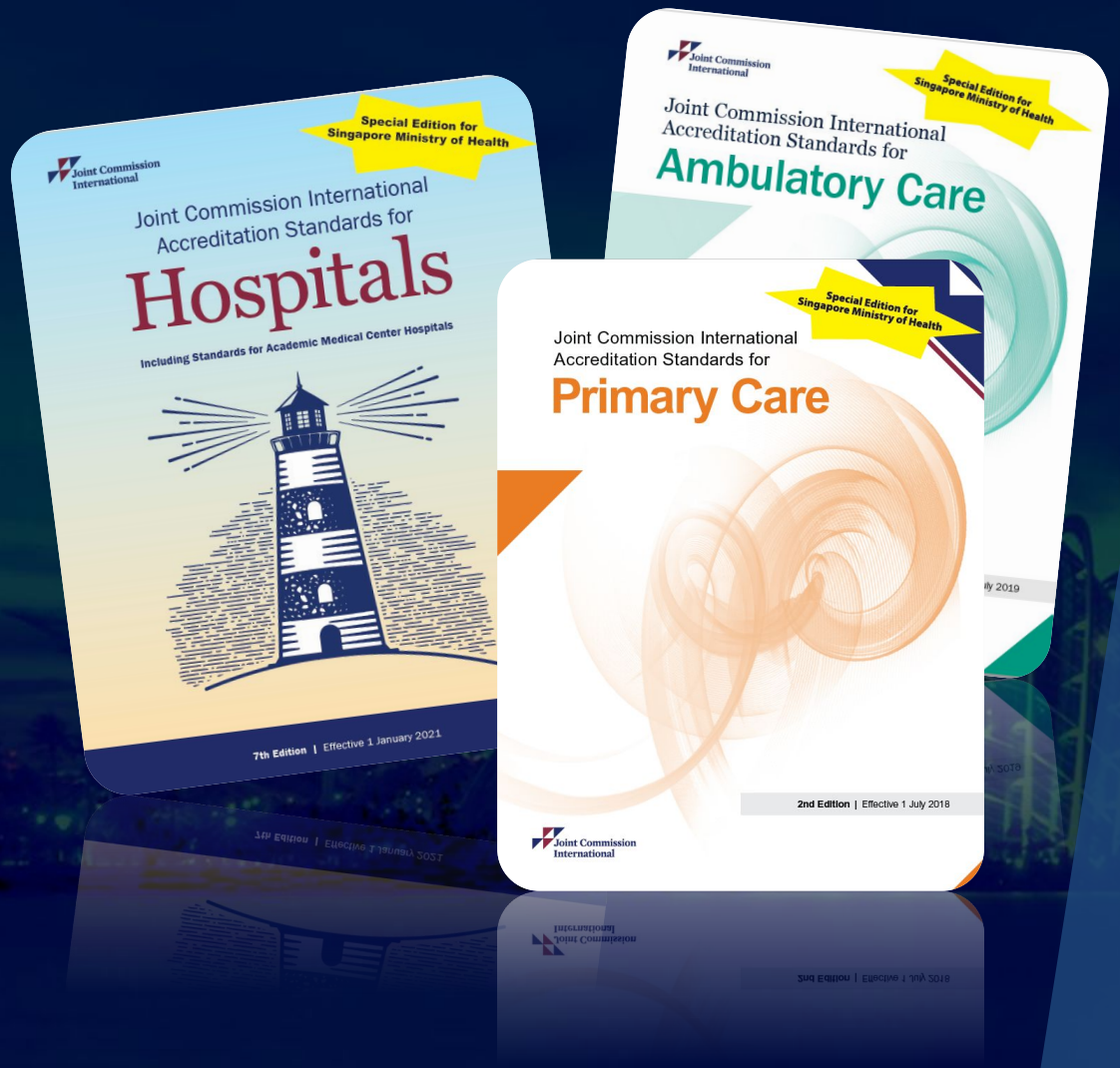

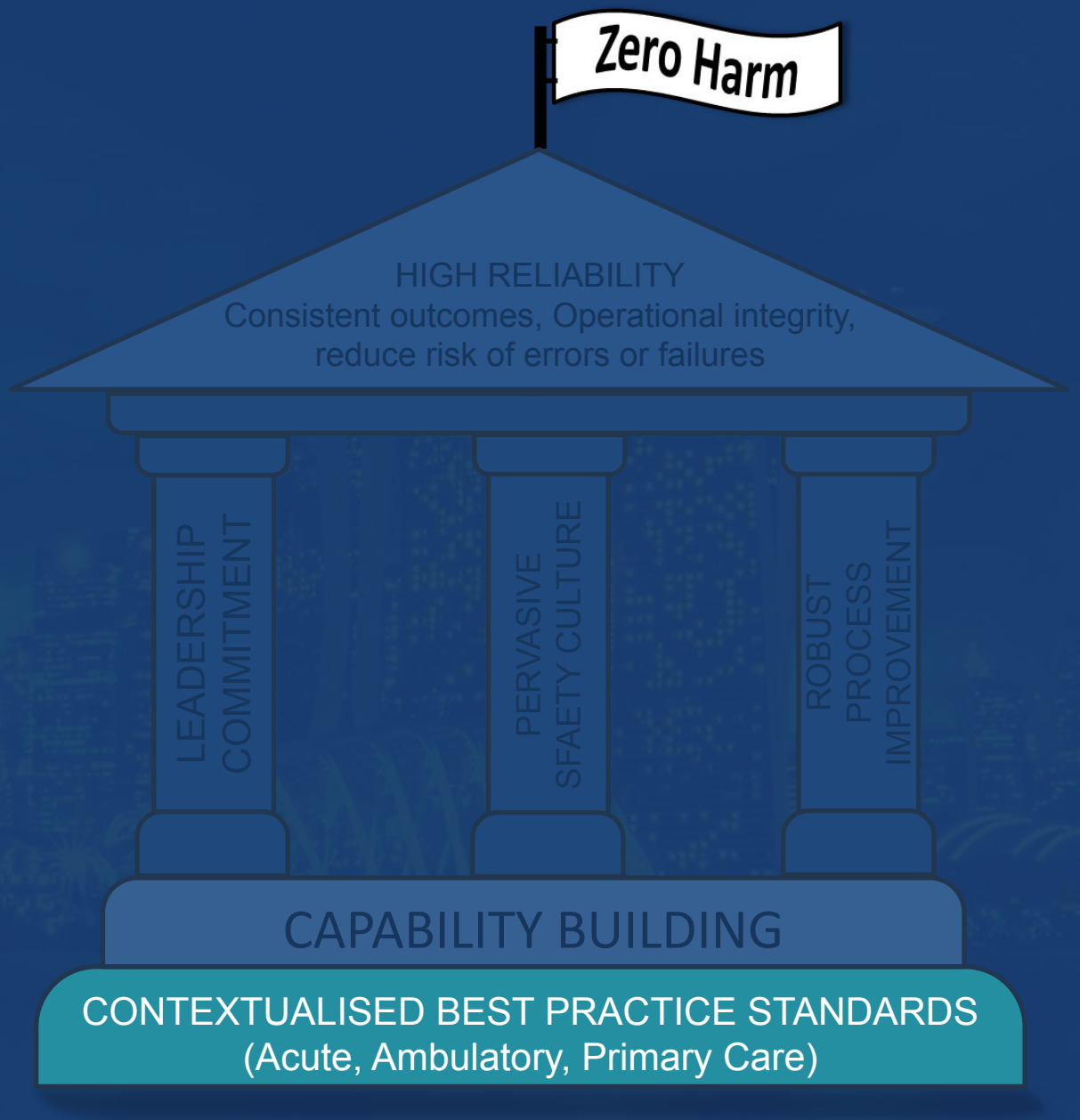

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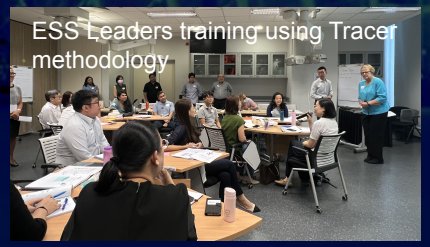
Raise internal capacity and capability for self-sufficiency in self-assessment, change management, and action planning through a suite of training activities.

Change Leader Training


ESS Leaders training using Tracer methodology

Zero Harm

HIGH RELIABILITY
Consistent outcomes, Operational integrity, reduce risk of errors or failures

LEADERSHIP TRAINING
- High Reliability Organisation (HRO) Leadership Workshops
- ESS Leaders Training

FACILITATION TRAINING
- Change Management Training
- Accreditation Manager Plus (AMP) Tracer Training
- Oro® 2.0 Facilitation Training

LEADERSHIP
ROBUST PROCESS
IMPROVEMENT

CAPABILITY BUILDING

CONTEXTUALISED BEST PRACTICE STANDARDS
(Acute, Ambulatory, Primary Care)

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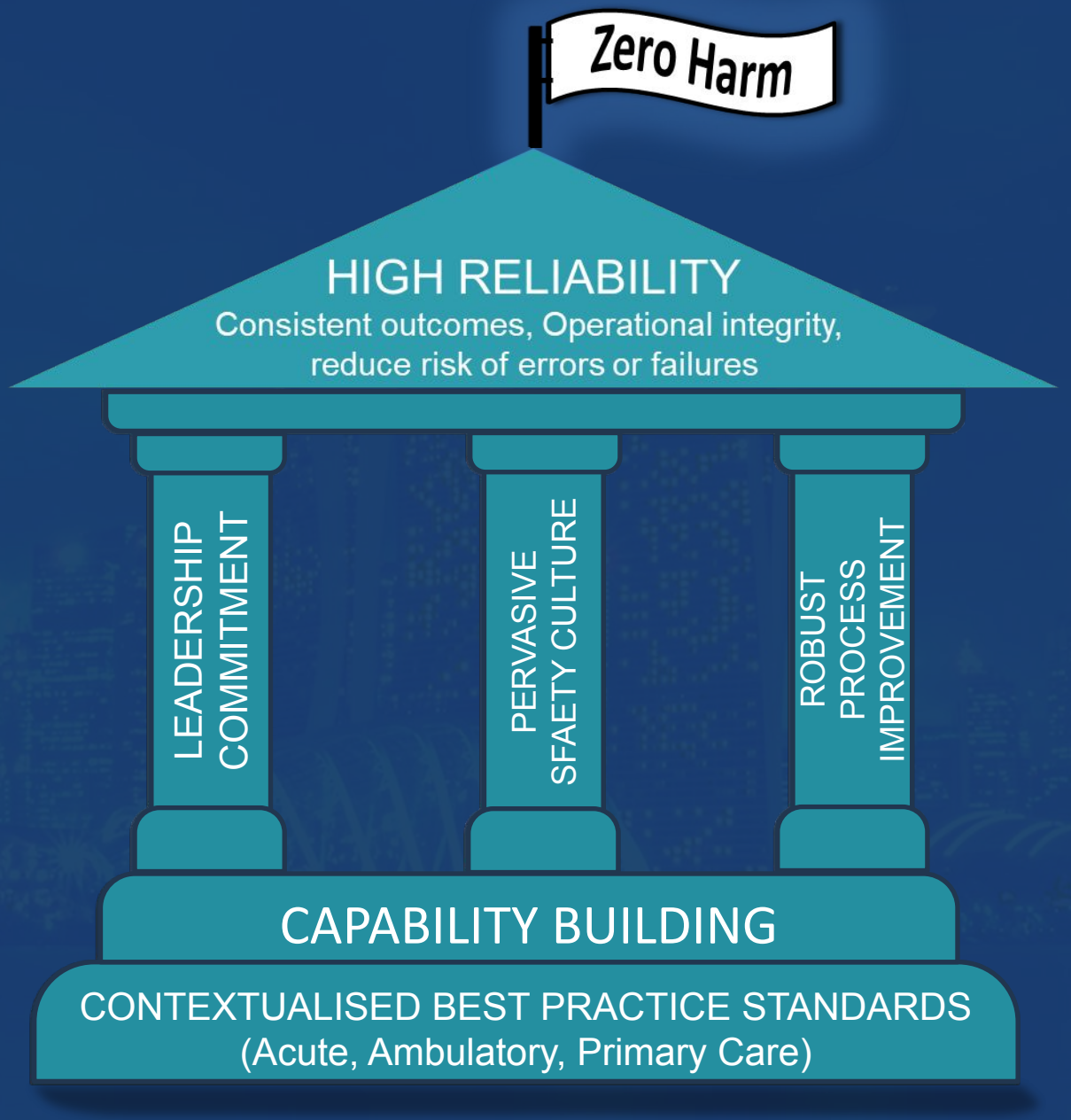
Strengthen 3 key elements:

- Sustained leadership commitment
- Culture of safety and continuous learning
- Robust process improvement



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Putting it all together

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Putting it all together

I. Baseline Surveys

- Broad-based Baseline Survey conducted by JCI Surveyors to identify areas of concern (using SAFER Matrix™)
- JCI High Reliability Maturity Assessment (Oro® 2.0) to determine the organization's perceive HRO maturity level

II. Developing Action Plans

- Prioritise areas of concern (national and hospital-level)
- Identifying strategic and tactical approaches to action planning; designing QI activities using QI methodologies to address prioritized areas of concern.
- Coaching and education

III. Deploying QI activities

- Testing change ideas
- PDSA work
- Coaching and education

IV. Measuring Performance

- Use Tracer Methodology (logged into JCI AMP digital platform) to assess whether areas of concern have been addressed

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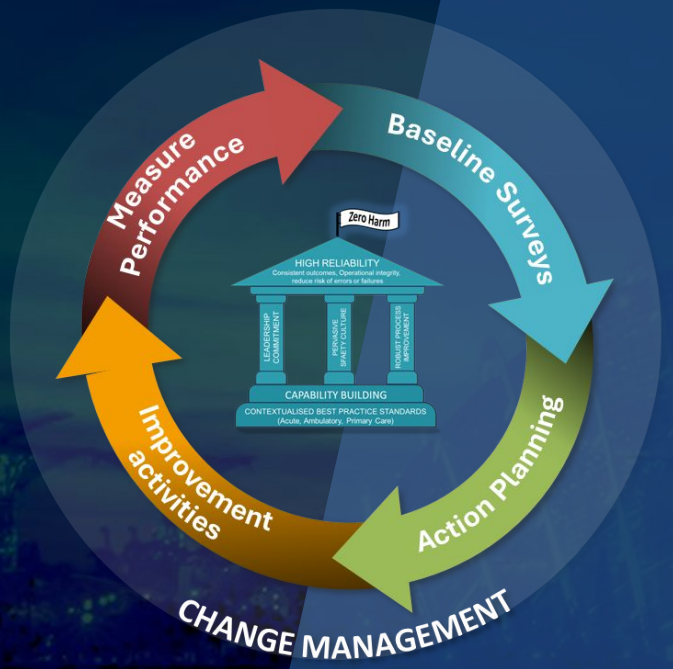
Putting it all together



I. Identification of common areas of risk for patient safety

- Covering 4 domains where common high risk or widespread risks were identified:

1. Clinical	Patient identification, Procedural sedation,
2. Information Management	Copy-and-paste, abbreviations
3. Care Environment	Fire detection, laser safety
4. Contract Management	Evaluation of contracted service quality

II. Developing Action Plans – IPSG.1 Patient Identification

- Hospital 1 – Identification of 2 core identifiers instead of 4 interchangeable ones revision of policy
- Hospital 2 – Use of 2 unique identifier not using room number or ward location for meal trays develop harmonized electronic meal ordering system
- Hospital 3 – Use of one unique patient ID code did not confer same benefit as 2 patient identifiers addition of another identifier

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Putting it all together

IV. Developing Tracers to measure performance

- Tracer assessment tool consist of a series of questions raised during the course of a patient's journey intended to demonstrate compliance with intended standards.

  IPSG.1
  - When staff delivers meal trays, does staff ask patient for 2 identifiers and compared to the source document (e.g., meal tray sheet)?
  - Does staff perform patient identification at beginning of specimen collection, before administration of medication, start of radiologic procedures?

- AMP documents performance (compliance vs non-compliance) based on observations

III. Deploying QI activities

- Testing change ideas
- PDSA work
- Coaching and education

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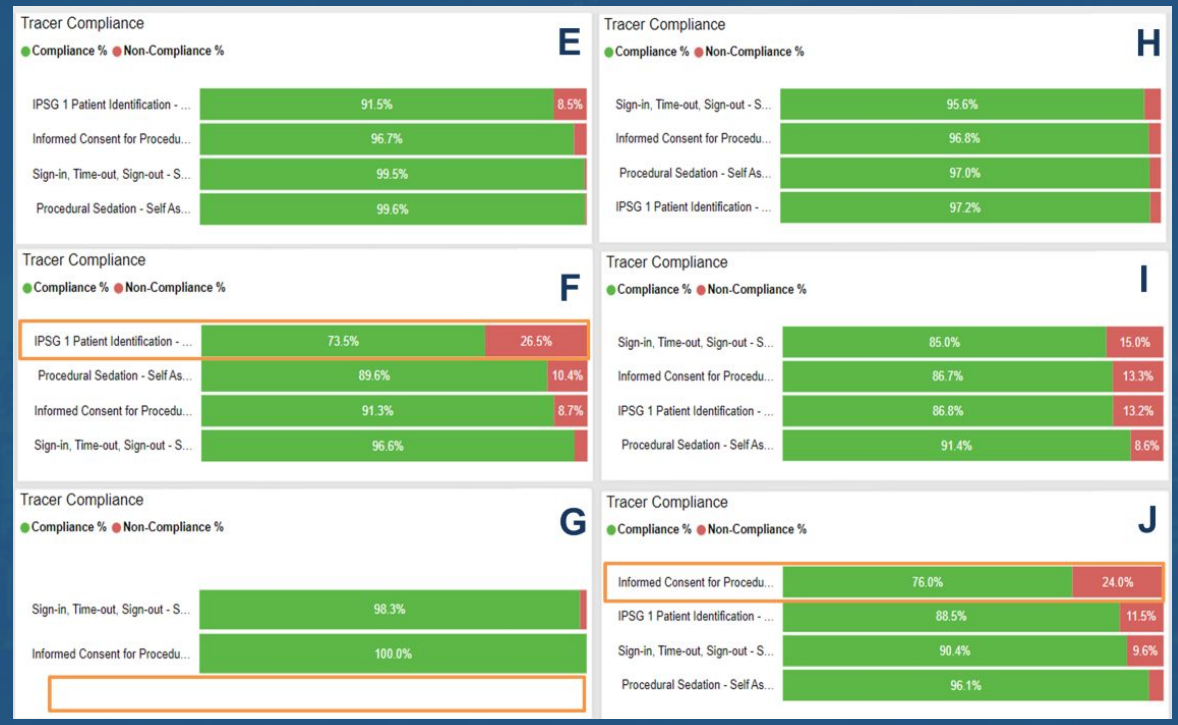
Fostering continuous improvement

I. Self-Assessments (Mock AMP Dashboard)



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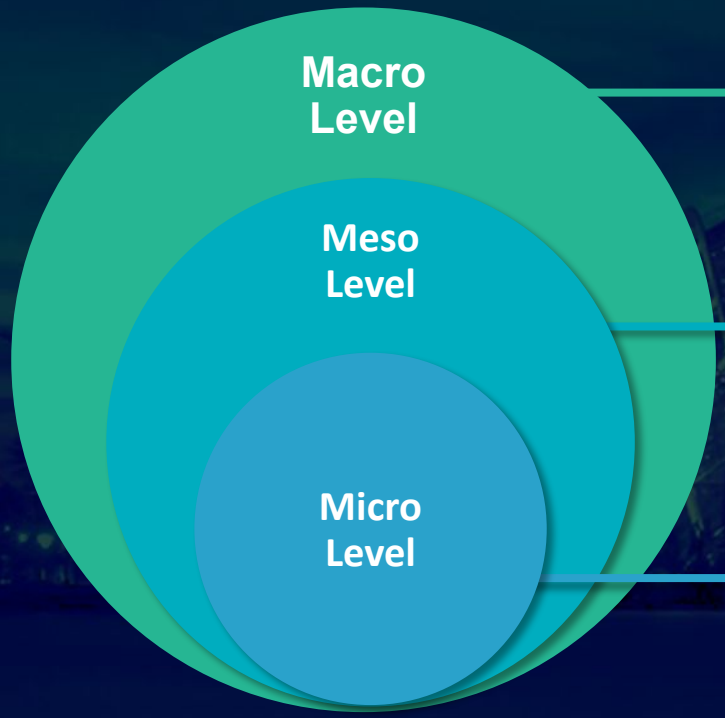
Is also a cross-institutional learning system



Develop national strategies for entrenched problems

Clusters' action plan to systematically spread good practices

Institutions' action plan to scale good practices

ESS Community of Practice
(Rotating Chairs from each Cluster)

Ground-up movement tackling national areas of concern

ESS Leaders of each Cluster/PHI

CURRENT COMMUNITIES OF PRACTICE:

1. Abbreviations (SHS)
2. Suicide & Self Harm Screening (NHG)
3. Procedural Sedation (NUHS)
4. Radiological Errors (SHS)
5. Facility Management & Safety (NHG)
6. Serious adverse event reporting

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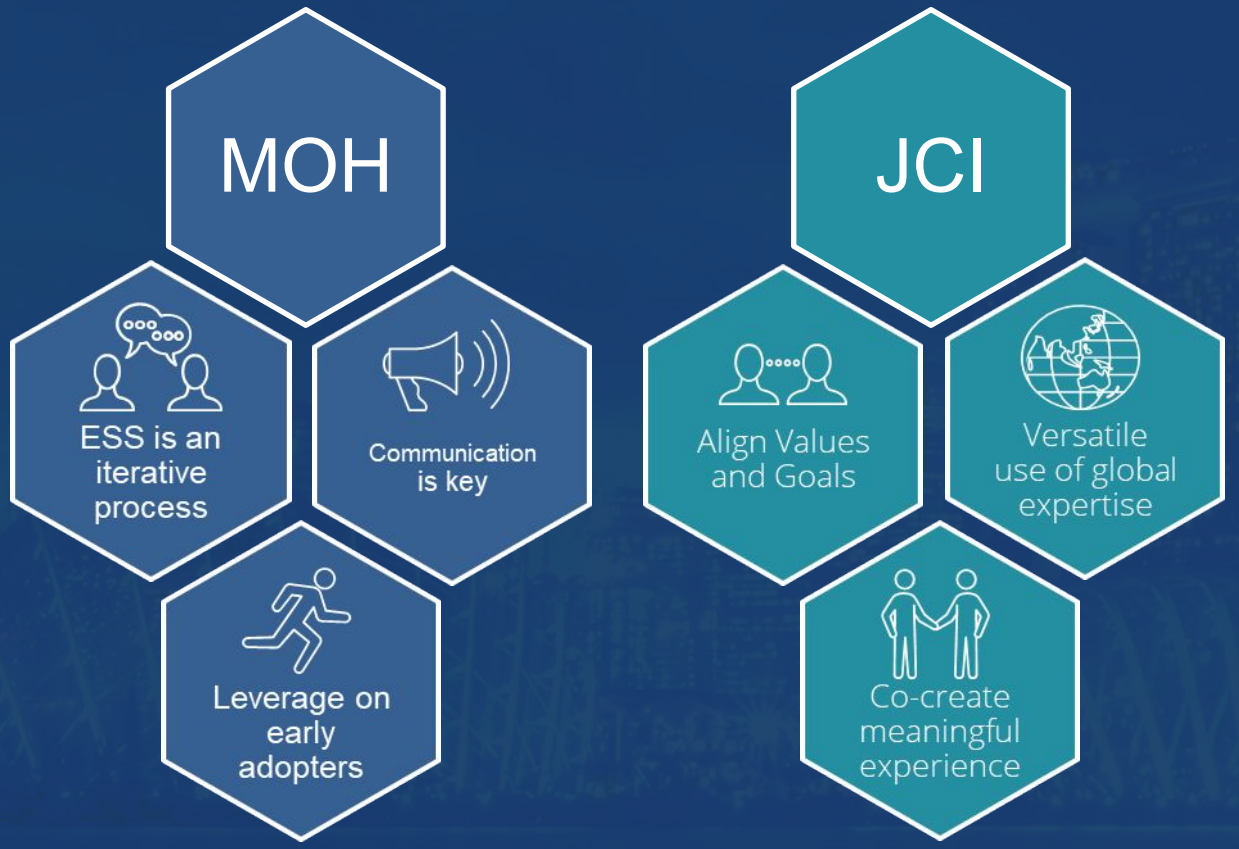
Key Learning Points



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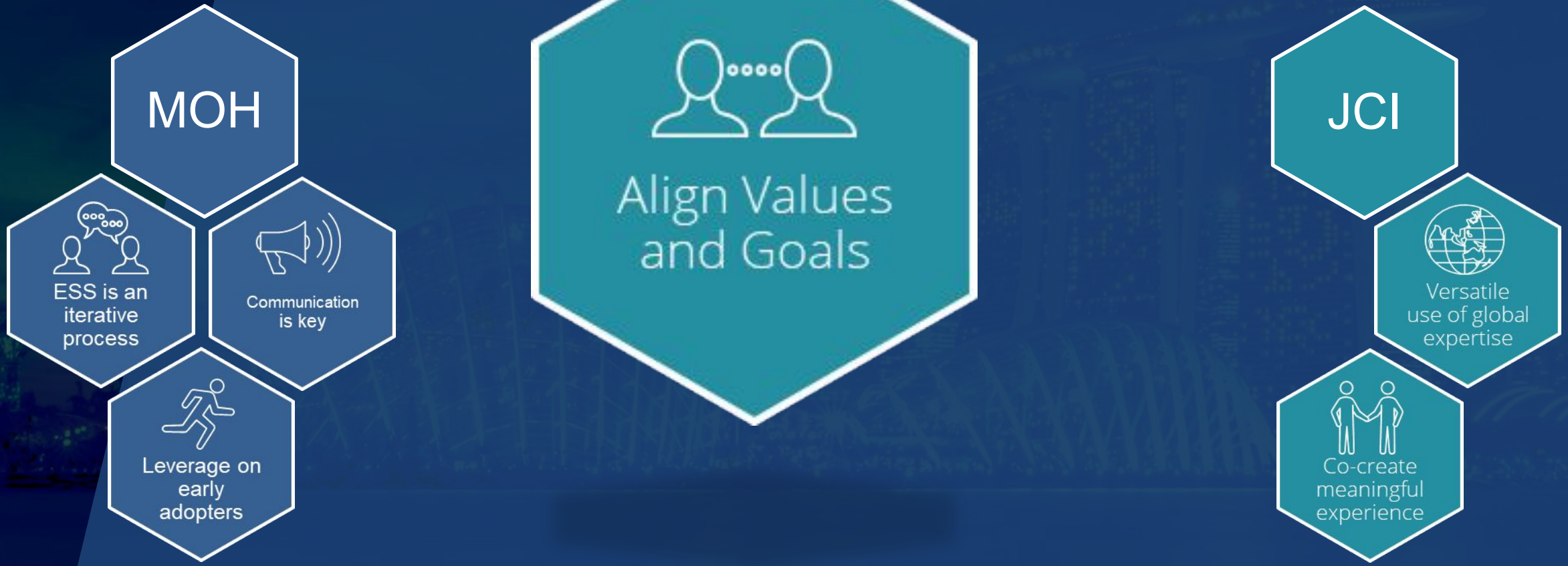

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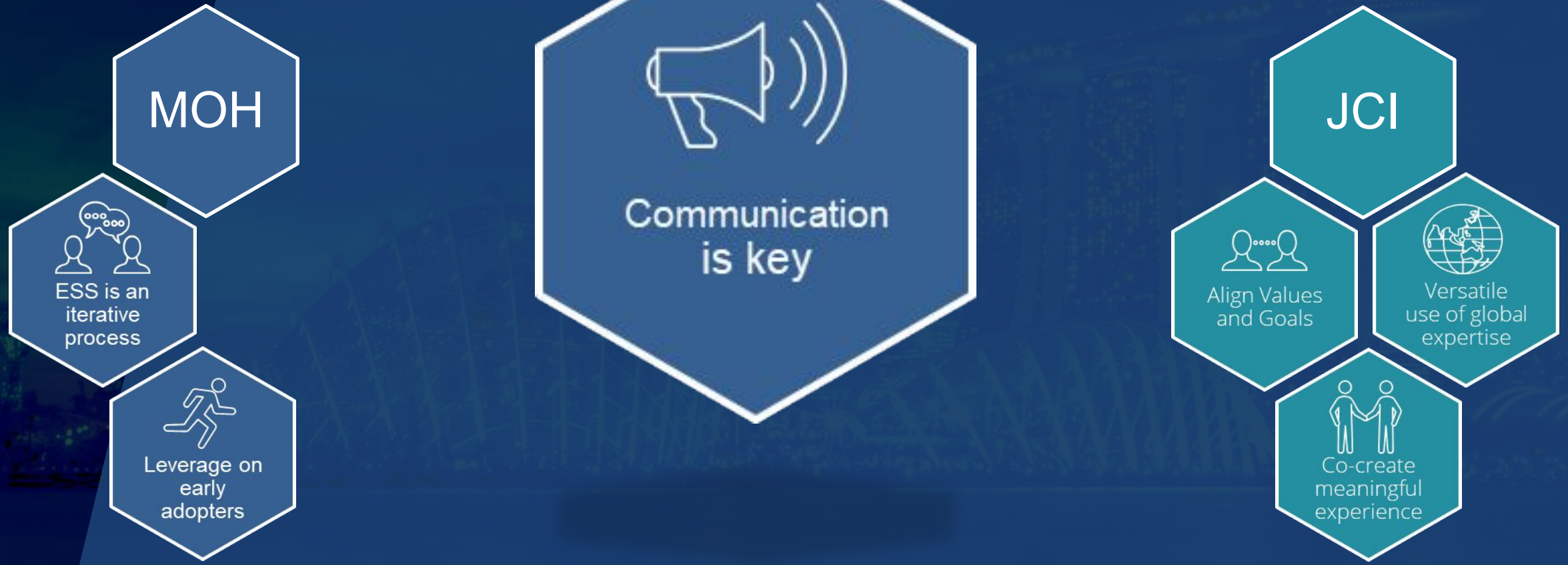

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Key Learning Points

MOH

ESS is an iterative process

Communication is key

Leverage on early adopters

Versatile use of global expertise

JCI

Align Values and Goals

Co-create meaningful experience

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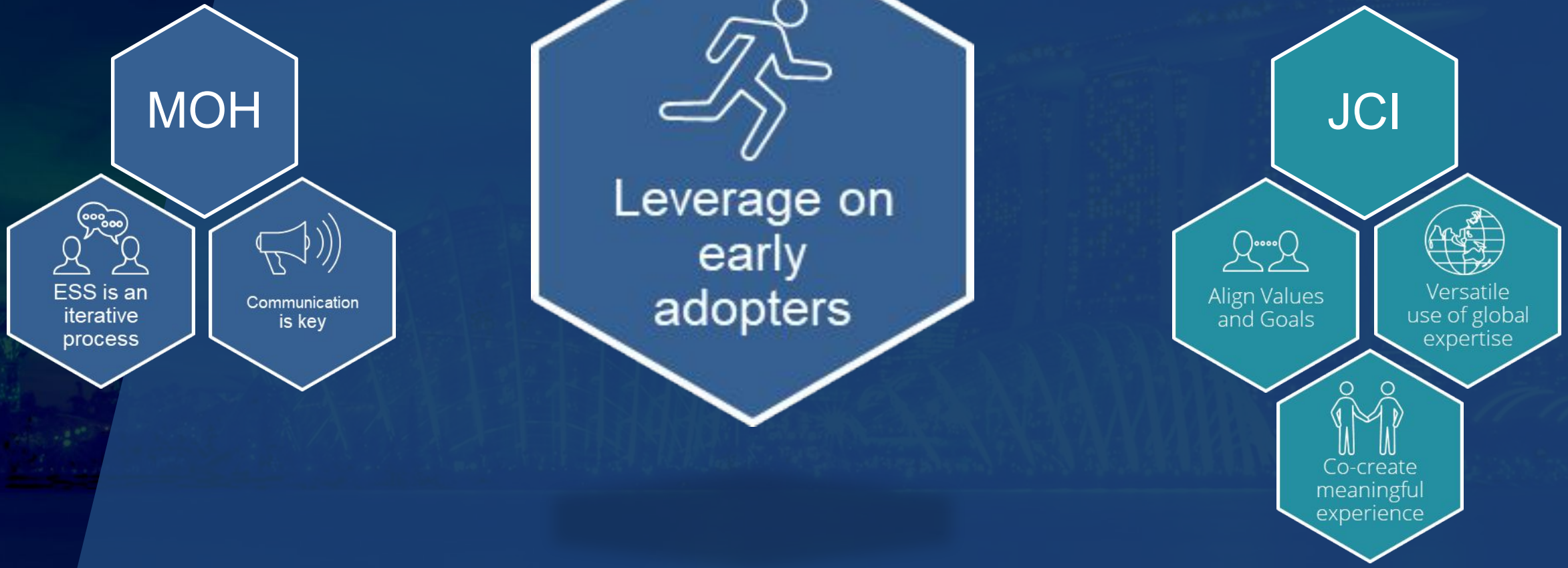
Key Learning Points



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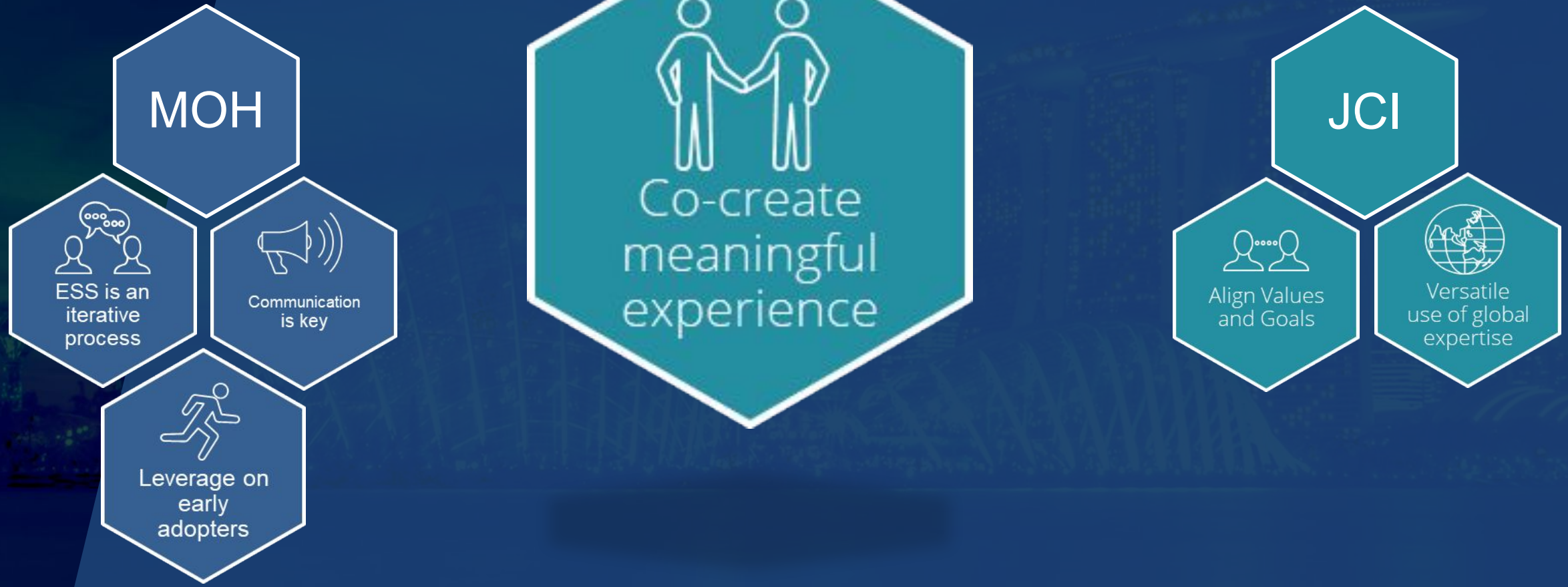

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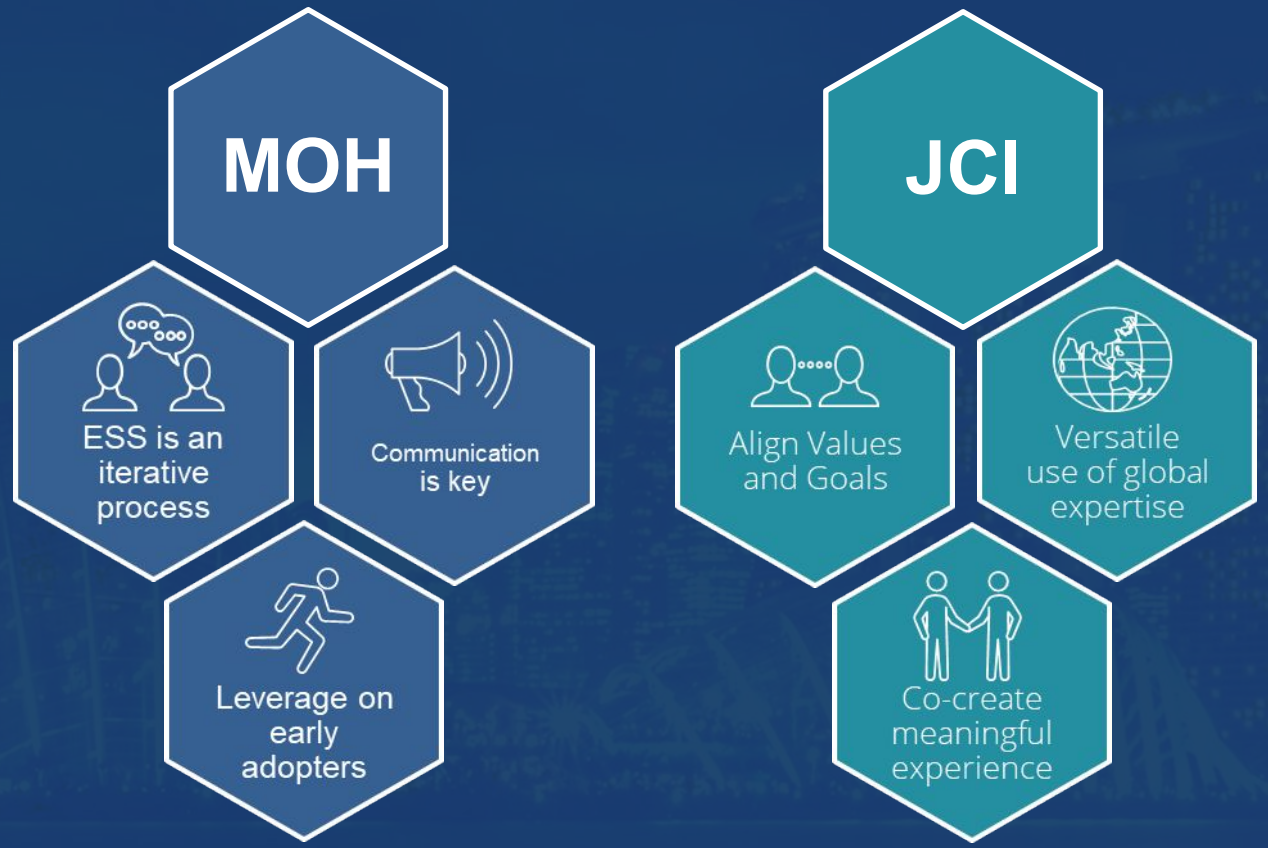

Thank You

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