



INFECTION CONTROL ASSOCIATION (SINGAPORE)

Summary Report on the Hospital Management Asia 2007 Dusit Resort, Pattaya, Thailand August 30 & 31 2007

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Introduction

The 6th Asian Hospital Management Awards recognizes and honors hospitals in Asia that carry out best hospital practices. The intensive two-day workshops cover successful healthcare strategies, proven patient-care techniques and quality standard tips. There were a total of 604 delegates from 31 countries representing 262 organizations. Delegates include physicians, academicians, industry experts and other healthcare professionals attended this conference.

Learning objectives:

- Learnt from international experts on their experience and skills in infection control and knowledge related to patient safety and quality medical care.
- Meet, interact and network with delegates from hospitals in other countries.

1. The Patient Safety Solutions and their impact on health care delivery

In 2005, Joint Commission International was designated as the World Health Organization Collaborating Center for Patient Safety Solutions. Dr Paul VanOstenberg, Managing Director for Asia-Pacific, Joint Commission International, discussed the Patient Safety Solutions that resulted from this collaboration.

Definition

A Patient Safety Solution is any system design or intervention that has demonstrated the ability to prevent or mitigate patient harm stemming from the processes of health care. The speaker shared the seriousness of adverse events in healthcare -

- 10% of hospital patients suffer an adverse event each year (UK, New Zealand, Canada and Europe).
- 16.6% of hospital patients suffer an adverse event (Australian study).
- 98,000 hospital deaths every year through medical error (USA).
- 1.4 million hospital patients worldwide acquire HAI (at any given time).
- UK: 100,000 cases of HAI lead to 5,000 deaths a year.
- USA: 1 out of every 135 hospital patients acquires HAI.

Dr Paul said that the problem of adverse events in health care is even more serious in developing countries. To support countries improve their safety of care, the World Health Organization (WHO) has supported the WHO World Alliance for Patient Safety to address the problem of patient safety worldwide. This was launched in October 2004.

Overview of the Alliance

The Alliance:

- Generates awareness and commitment: political, clinical, patient.
- Engages global and regional partners: private, public, NGO

- Develops and shares knowledge: guidelines, standards, research data, solutions, reporting & learning
- Provides technical expertise to countries
- Mobilises resources to implement country project

World Alliance on Patient Safety Strands:

- Global Patient Safety Challenge
- Patients for Patient Safety
- International Patient Safety Events Taxonomy
- Reporting Systems
- Research
- Dissemination of Patient Safety Solutions

The First Global Patient Safety Challenge covering 2005 and 2006 is health-care associated infection - Clean Care is Safer Care aims to develop solutions to improve safety and reduce risk by focusing on five action areas:

- Clean hands
- Clean practices
- Clean products
- Clean environment
- Clean equipment

However, for successful implementation, strategic planning need to include staff education, staff motivation, senior personnel support and use of Quality Performance Indicator to monitor infection rates.

2. Improving Patient Safety by Improving Communication Skills of Hospital Staff With Patient (and Family) and Building Trust and Confidence.

Advanced communication skills are increasingly recognized as one of the most important hallmarks of high functioning patient-safe organizations. Dr David Jaimovich, Chief Medical Officer, Joint Commission International shared his experiences with this topic and provide best practices that can be implemented immediately. Dr David said that communication to Medical Errors often arise due to poor communication among health care providers and poor communication with patients and families. These places patients at risk and destroys trust and confidence in providers and the health care system.

Sentinel Event Experience to Date Provides the Evidence

Of 4064 sentinel events reviewed by the Joint Commission, January 1995 through December 2006:

- 531 events of wrong site surgery
- 520 inpatient suicides
- 488 operative/post op complications
- 385 events relating to medication errors
- 302 deaths related to delay in treatment
- 224 patients fall
- 153 deaths of patients in restraints
- 138 assault/rape/homicide perinatal death/injury
- 94 transfusion-related events
- 85 infection-related events
- 72 deaths following elopement
- 66 fires
- 67 anesthesia-related events
- 51 retained foreign objects
- 763 "other"

A survey from 2004 to 2006 shows that communication, orientation/training and patient assessment were the highest root causes of sentinel events. Others include: staffing; availability of information; competency; procedural compliance; environment safety; leadership; continuum of care; care planning; and organization culture.

Why Communication Breaks Down?

Organizations and health care providers do not have the two-way “conversations” with patients to build a trusting relationship:

- Communication is not standardized.
- Health care is complex and delivered across a continuum of acute care and community settings.
- The “culture” within and between professional groups is often a barrier.

JCI Standards and Accreditation Support Good Communication

- Patients have access to a quality-focused organization.
- Patient and family rights are respected and protected.
- Education and communication is understandable.
- Satisfaction is seriously evaluated.
- Involvements in care decisions and care process is welcomed.
- Kept informed of care process and when unexpected errors and complications occur.
- Family valued in the care process and part of all communication.
- End of life care and pain management respect personal preferences and maintain dignity.
- There are clear processes to resolve care issues or address complaints.

Dr David concluded his lectures with the following advice:

- Have a conversation with a patient not just talk at them.
- Make sure they understand all portions of a consent form.
- Involve the patient and their family in care decisions to the extent they want to be involved.
- Make sure patient rights are known by patients and staff.
- Say you are “sorry” if something unexpected and adverse happens.
- Post signs urging patients and families to ask questions.
- Develop a fact sheet with advice and questions that make patient and family participation easier.
- Create a patient and family advisory council.
- Find ways to ensure that patients understand the education you provide to them and their families.
- Communicate in a language and style the patient understands.

3. Enhanced lactation Training with E-Learning in Asia

Ms Cynthia Pang, Lactation Services, Singapore shared the success of her online Enhanced Lactation Training programme. The revised programme enhanced with e-learning and clinical sessions provides three types of courses catering to different level of staff including medical staff. The Enhanced lactation Training with E-Learning is an ideal mode of training, providing convenient, cost-effective and quality education catering to different level of staff. Infection Control practitioners may adopt this method of online training.

Tangible benefits

- Three folds number of staff trained and updated with the knowledge and skills in lactation (n=72) compared with 24 in the previous training program.
- Two times the number of participants (n=45) trained with the Breastfeeding Essential course compared with 24 in the previous 80 hours Lactation Training Program.
- Significant reduction in the hours utilized for training.
- A reduction of 34 hours was shown with the Breastfeeding Essential course.
- Instructor based costs is minimized with significant man-hours saving to staff. Based on the saving of 34 hours per course, the man-hour saving after deduction of set up and enrolment fees was S\$25927.12.

Intangible benefits

- More opportunities for staff to be trained.
- Utilization of time saved for other duties and training.

- Patient care in this area is enhanced as more staff acquires the knowledge in lactation.
- Organization received good feedback from satisfied customers.
- Interactive online program increases participant enjoyments of the learning process and retention of information.
- Convenient, time saving and clinical skills enhanced for external participants in a tertiary setting.

4. Prevention of catheter related blood stream infection

The speaker from Bangkok Hospital Medical Center shared the result of their catheter related blood stream infection (CRBSI) after implementation of new guidelines adopted from CDC. She reported that during the year 2004, the average CRBSI rate was 10/1000 catheter days, compared to the reported NNIS rate of 5.3/1000 catheter days. A Gap Analysis illustrated their areas for improvement: use of maximal personnel protective equipment (PPE), antiseptic for skin preparation available was 10% povidone-iodine solution, and there was no standard schedule for catheter care.

New initiatives implemented were:

- Education for physicians and nurses.
- New central line set-up, which include PPE e.g. cap, mask, sterile gloves and gown and a large skin drape.
- Use 2% chlorhexidine in 70% alcohol for standard skin preparation instead of 10% povidone.
- Daily catheter site care.
- Hand hygiene was promoted during the study period.

Results of the study shows that the CRBSI rate during 2005 revealed a significantly declined CRBSI rate of 2.07/1000 catheter-days and in 2006 the rate have continued to drop to 1.15/1000 catheter-days. The speaker concluded that the success was the result of the new initiatives and cooperation between physicians, nurses and the support team.

5. Leadership and the Human Side of Enterprise

Dr Robert Beaudoin, Professor University of Connecticut define Leadership as the effort to influence the behaviour of individuals or group members in order to accomplish organizational, individual or personal goals. It is an essential component of organizational effectiveness. A leader has to possess one or more forms of powers to orient others to the desired direction. To be effective, a manager should have a good understanding of leadership, of motivating factors, of how people think and act, and should adopt a personal and active attitude towards designated goals. He shared the profound messages that lie behind the words that spell out LEADERSHIP

L – learning quickly – leaders teach others, responsible for self-development

E – energized – active, enthusiasm, good health

A - achievement attitude – goal oriented, plan, schedule & implement

D – dependable – trustworthiness, keep their promises, active listeners

E – exceeds expectation – go the extra...do the extra...

R – responsible – leaders lead by example 'I am responsible!'

S – self-awareness – knows strength & limitations. Build on strength – improve weakness

H – humility – focus on others, sense of humour

I – integrity – be honest, tell the truth, do the right thing

P – praise – sincere, share

He emphasized that effective leadership is based on mutual understanding and social exchange. An effective leader makes the individual or group members understand the problem and reasons for any actions or for changes needed in their own perceptual terms, and then makes a well-reasoned decision.

6. Ceremonies of the Asian Hospital Management Award

I have the opportunity to attend the exciting presentation of the coveted Asian Hospital Management Awards. Awards to recognize and promote best hospital management practices were given in seven categories – Customer Service Project, Marketing, PR or Promotional Project, Human Resource Development Project, Technical Service Improvement Project, Internal Service Project, Community Service Project and Patient Safety/Quality Medical care project.

7. Networking

This conference gave me networking opportunities with international delegates.

Acknowledgement

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