

Multi-strategy to build a high-quality patient safety culture and workplace-A Study of Medical Institution in Southern Taiwan

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Objectives

"To Err is Human: Building a Safer Health System." (IOM, 1999) provides medical institutions to begin to address the issue of patient safety. Since 2003, the Ministry of Health and Welfare has invited experts from industry, government, and academia to formulate annual hospital medical quality and patient safety goals, and to provide medical institutions to follow. Since its opening in 2004, the hospital has continued to follow the footsteps of JCT and has gradually established a "patient-centered" friendly care facility. The "Patient Safety Culture" is a performance of patient safety perceptions and behavioral characteristics of hospital staff surveyed by anonymous questionnaires. The hospital also uses the results of the survey as an annual patient safety policy.



感恩



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致力朝向

成為民眾最信賴
的健康照護體系
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Methods

- In 2010, Taiwan's first front-line unit set up a "Patient Safety Management Specialist" to immediately review and manage the notified patient safety incidents and recruit "Patient Safety Management Conference" to share management experience.
- In 2010, we developed the in-house online notification system, established a system for rewarding patient safety incidents, and encouraged the severity of cases to be assessed by SAC II and IDT as systemic problem cases, to improve teams and strengthen the team.



- In 2013, we developed the "Permanent Care Project", which brought together 20 front-line units and 40 caring seed representatives to conduct expert training, laying a foundation for a friendly working environment and allowing the caring culture to spread.



Patient Safety Management Conference

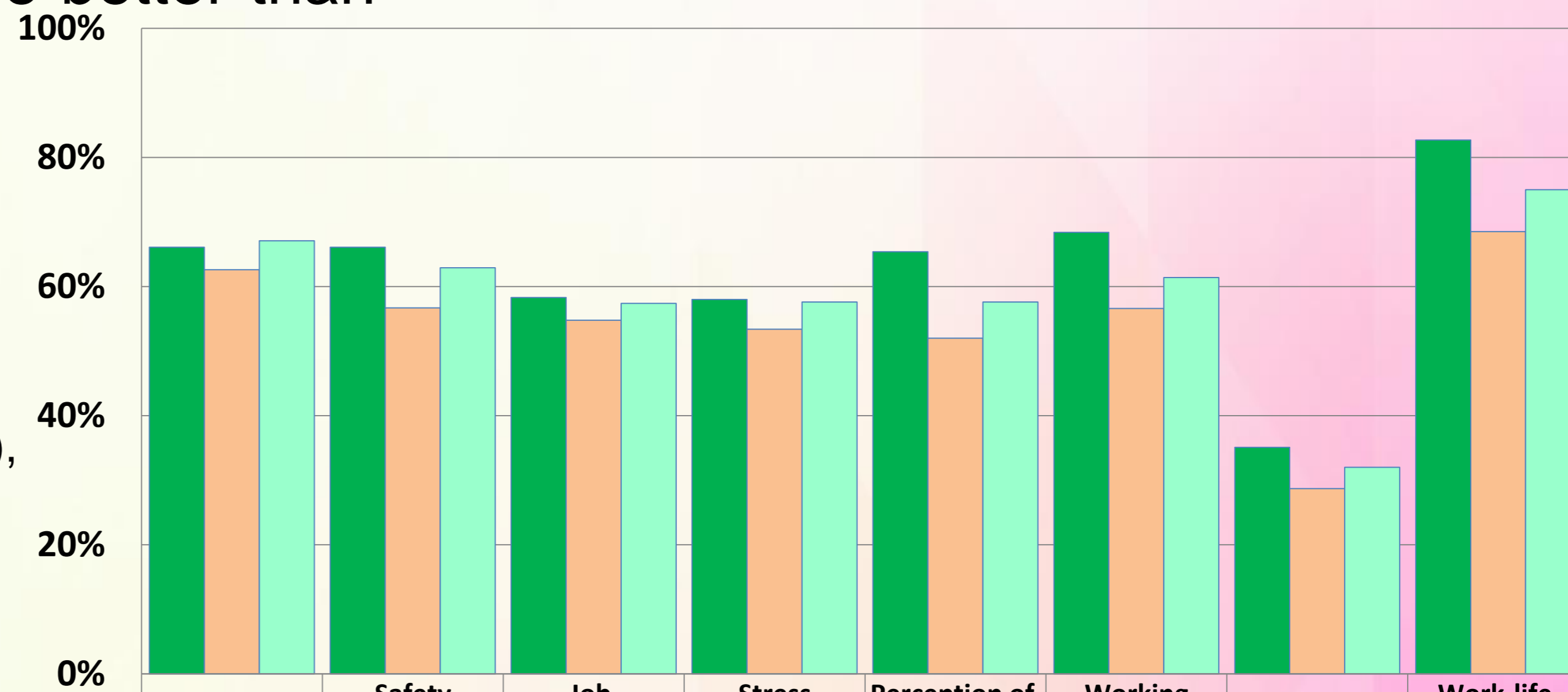


Top leaders reward outstanding employees

Results

- In 2018, for SAC II and above and IDT analysis for systemic problems, 16 team meetings were held to analyze and improve; from 2013 to 2018, 141 outstanding employees were praised.
- In 2018, patient safety culture survey, 1,614 people were asked to make an online response (the answer rate was 96.5%). The positive percentage of each facet was higher than the average of the national peer medical institutions, and seven of them were better than P75: the facet was:

- Teamwork 66.1% (P50=62.6%),
- Safety climate 66.1% (P75=62.9%),
- Job satisfaction 58.3% (P75=57.4%),
- Stress recognition 58% (P75=57.1%),
- Perception of management 65.4%(P75=57.6%),
- Working condition 68.4% (P75=61.4%),
- resilience 35.1% (P75=32.0%),
- Work-life Balance 82.7% (P75=75.0%).



Quality Management Center professional team

Conclusion

By encouraging the notification of abnormal incidents, organizing meetings of cross-disciplinary personnel, training forward-looking Patient Safety Culture Seeds, systematically establishing a caring culture, effectively developing a localized patient safety culture, and effectively improving employees' awareness of patient safety. Through the long-term support of senior executives, and deepening the level of employee care, it is obvious that the results can be demonstrated from the nationwide disease safety culture questionnaire.

■Keywords : Patient Safety Event Management, CICARE, Patient Safety Culture, Team Resource Management