

Project Title

Becoming a High-Reliability Community Hospital

Project Lead and Members

Project lead: Dr Angel Lee

Project members: Law Yen Hoon, Dr Edward Goh, Eric Wie, Chan Soo Sin, Sonali Das,
Pham Hong Nhi, Dr Loh Yik Hin

Organisation(s) Involved

St. Andrew's Community Hospital

Healthcare Family Group(s) Involved in this Project

Ancillary Care

Applicable Specialty or Discipline

Geriatric Medicine, Palliative Medicine

Project Period

Start date:

Completed date:

Aims

Through the review of the Quality Framework and realignment of various committees, the targets to be reached by Dec 2023 were:

1. Increase in staff trained with Quality Improvement skills by 50%
2. Improve patient safety – with a decrease in falls rate (Indicator of concern) by 20%
3. Improve Clinical Quality Indicator* (CQI) of Value-based care for Hip and Stroke by 20%.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Project Category

Care Continuum

End-of-life care, Palliative care, Intermediate and Long Term care & Community care,
Home care

Care & Process Redesign

Value Based Care

Keywords

Inpatient rehabilitation, Quality Improvement, Clinical Quality Indicator,

Name and Email of Project Contact Person(s)

Name: Estella Tan & Foo Li Boey

Email: estella_tan@sacs.org.sg & liboey_foo@sacs.org.sg

Becoming a High-Reliability Community Hospital St. Andrew's Community Hospital

Dr Angel Lee, Law Yen Hoon, Dr Edward Goh, Eric Wie, Chan Soo Sin,
Sonal Das, Pham Hong Nhi, Dr Loh Yik Hin

Introduction/Background

- St. Andrew's Community Hospital (SACH) is a service under the St. Andrew's Mission Hospital group. In addition to inpatient rehabilitation, subacute and palliative care, SACH also operates home care and home palliative care; centre-based day and rehabilitative care; and outpatient and migrant worker clinics.
- From inception, SACH has adopted the concept of Total Quality Management and the hospital incident report system started using a Root Cause Analysis methodology from 2008 supported by the Healthcare Performance Office.
- Despite this structure, a commitment to deliver safe, reliable and effective care to our patients and clients, and the hard work put in by the staff, providing reliable and quality care remained challenging.

Goal/Objective

- Through the review of the Quality Framework and realignment of various committees, the targets to be reached by Dec 2023 were:
 - Increase in staff trained with Quality Improvement skills by 50%
 - Improve patient safety – with a decrease in falls rate (Indicator of concern) by 20%
 - Improve Clinical Quality Indicator* (CQI) of Value-based care for Hip and Stroke by 20%

*Number of patients who met all quality indicators (i.e. received "perfect care") as determined by the clinicians, divided by total number of patients.

Problem Analysis

- In 2019, a review of the hospital's approach to quality care, revealed that there was, in general:
 - The absence of a coherent Quality Framework compromises patient and staff safety and increases healthcare cost**

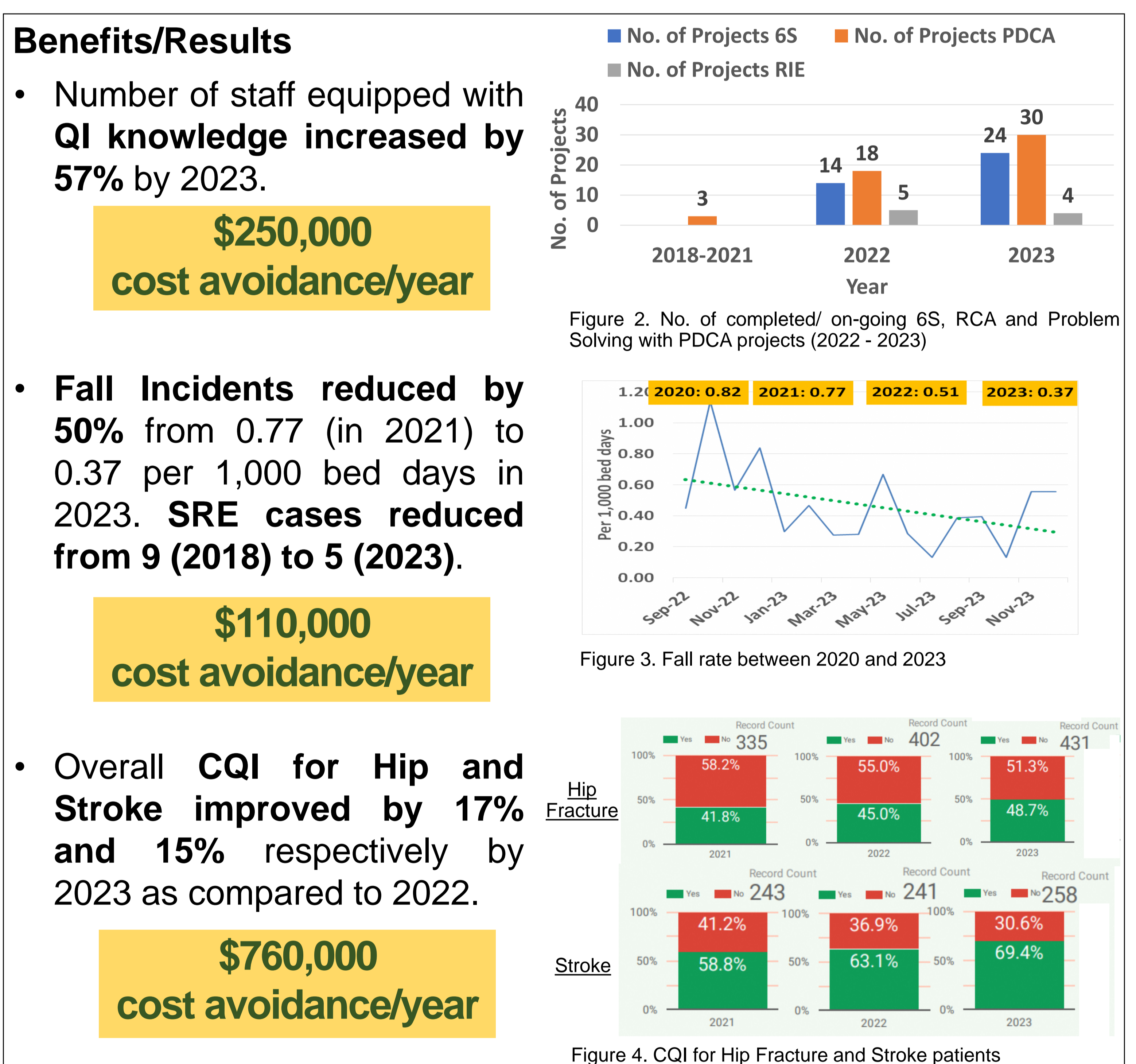
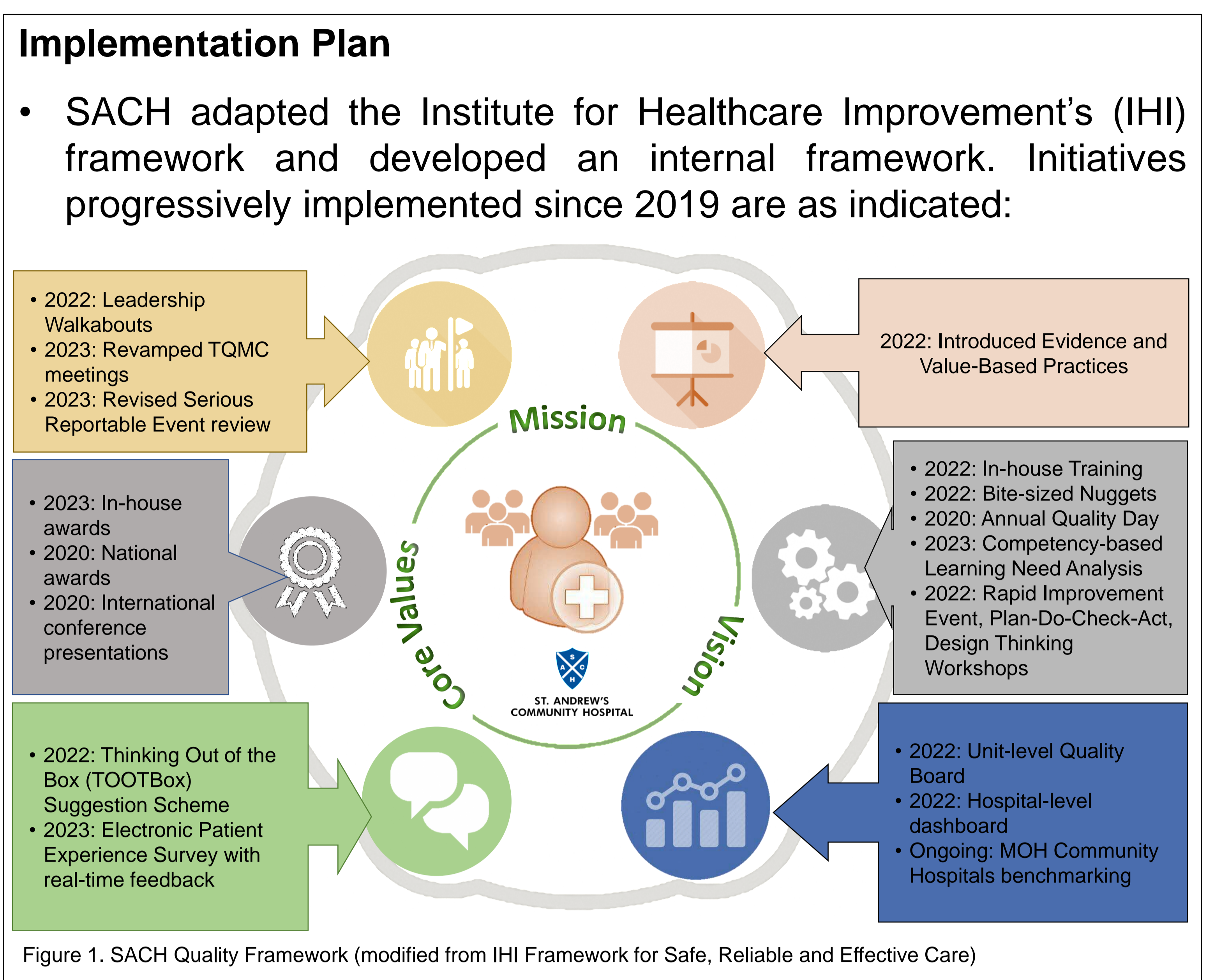
Low staff Quality Improvement competency

Reactive responses to incidents

Lack of expedient feedback to staff on patient experience

Lack of integration between the Quality Assurance Committees, the Value-based Council, and the Total Quality Management Committee (TQMC)

- This resulted in suboptimal outcomes.



Sustainability & Reflections

- Having a Quality Framework brings focus to various important dimensions conducive to providing quality care.
- Alignment of the Quality Assurance Committees under Total Quality Management Committee and the oversight of Value-Based Care by Healthcare Performance Office# provides synergy.
- Training of staff increases agency, contributing to safety and quality through staff initiated projects.
- Other dimensions in the framework such as quality and safety walkabouts contribute towards proactive and preventive care.
- To remain relevant, periodic review of modus operandi and strategic directions will be required.

#Healthcare Performance Office has been renamed Healthcare Performance and Innovation Office to take into account its expanded role.