CHI Learning & Development System (CHILD)

Project Title

Qip to Reduce Erroneous Examinations Performed Due to Wrong Laterality through

Site Tagging and the Use of Visual Aids

Project Lead and Members

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Organisation(s) Involved

Ng Teng Fong General Hospital, Jurong Community Hospital

Healthcare Family Group(s) Involved in this Project

Allied Health

Applicable Specialty or Discipline

Radiology

Project Period

Start date: Nov 2019

Completed date: Aug 2020

Aims

To eliminate the number of incidents involving wrong side x-ray imaging and wrong

labelling of anatomical marker by end of Nov 2020, so that no corrective actions are

required. This is to safeguard patient's safety by providing accurate imaging of

diagnostic quality.

Background

See poster appended / below

CHI Learning & Development System (CHILD)

EALTHCARE Inovation

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

• The implementation of visual aids and laterality stickers has successfully reduced

the frequency of laterality-related errors in general radiography examinations and

achieved our target of ZERO-error. This is crucial for ensuring patient safety in all

examinations, especially radiation-related.

• Consistent effort is still required to reinforce staff compliance in order to sustain

the ZERO-error target.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Clinical Practice Improvement, Value

Based Care, Safe Care, Risk Management

Keywords

X-Ray Imaging, Diagnostic Quality, Labelling, Anatomical Marker

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[Restricted, Non-sensitive]

QIP TO REDUCE ERRONEOUS EXAMINATIONS PERFORMED DUE TO WRONG LATERALITY THROUGH SITE TAGGING AND THE USE OF VISUAL AIDS

SAFETY **PRODUCTIVITY** QUALITY COST **PATIENT EXPERIENCE**

MEMBERS:

Manful Chan (Project Owner), Melissa Liang Meishi (Facilitator), Tan Hui Wen (Project Leader), Chua Poh Hai (Project Leader), Chu Hao Ee Charmaine, Erwin Langit Mercado, Joshua John, Lee Tong Pao, Lim Chan Leong, Loh Shu Yen, Muhammad Radzee Bin Ramle, Noor Fadzlina Binte Zainol Abidin, Png Eng Ngee, Toh Chye Kian Michelle

Define Problem, Set Aim

Problem/Opportunity for Improvement

Between Feb to Dec 2019, there were 11 X-ray incidents involving wrong side and wrong labelling of the anatomical marker on the X-ray images that were picked up by radiologists. To prevent erroneous diagnosis, retrospective corrective actions were done immediately by radiographers to rectify the images in PACS.

Aim

To eliminate the number of incidents involving wrong side x-ray imaging and wrong labelling of anatomical marker by end of Nov 2020, so that no corrective actions are required. This is to safeguard patient's safety by providing accurate imaging of diagnostic quality.

Establish Measures

Outcome Measures

- No. of incidences of wrong side X-rays performed or wrongly labelled X-rays picked up by retrospective audit and radiologist feedback **Process Measures**

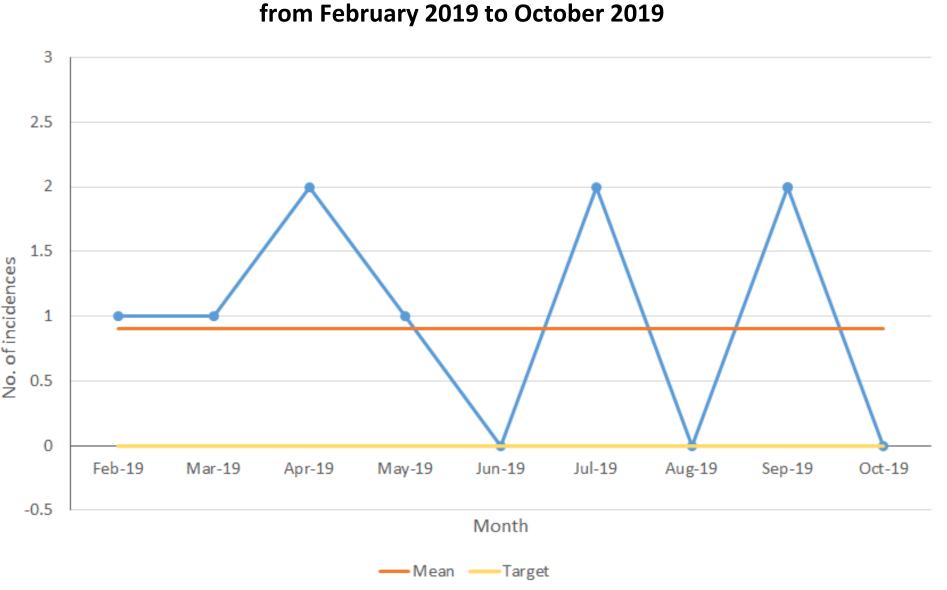
Compliance on use of visual aids and laterality stickers

Radiographers' feedback with respect to change implemented

Balancing Measures

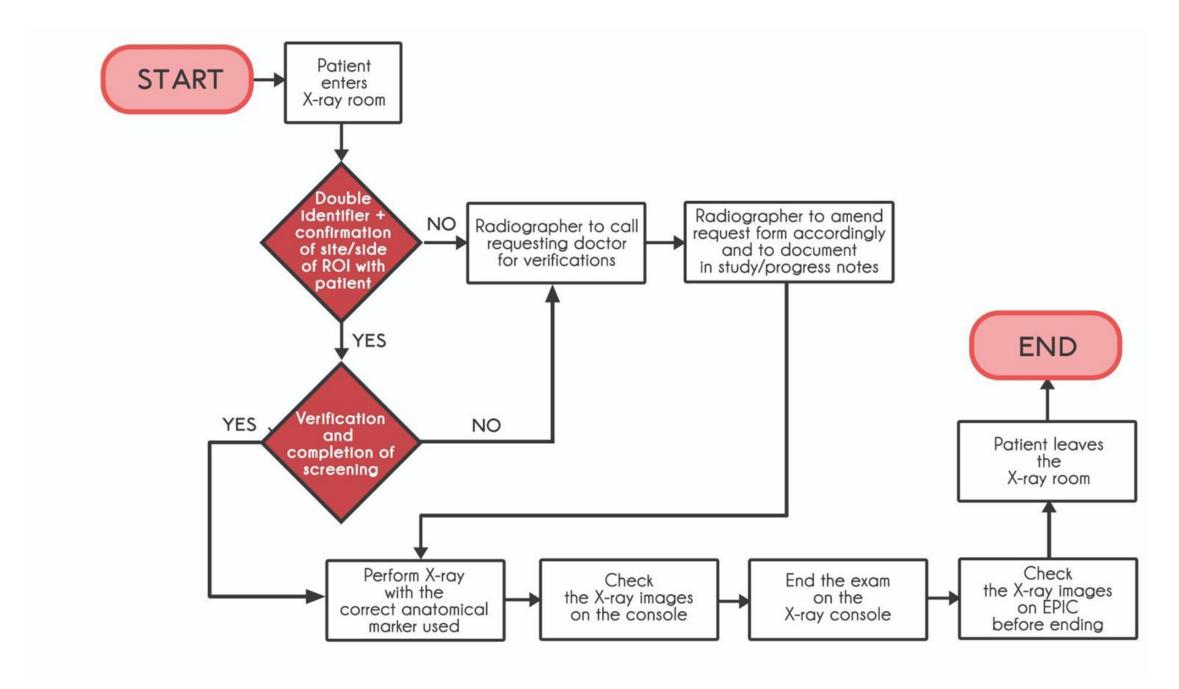
- Length of time radiographer takes to do the examination with visual aids and laterality stickers

Number of incidences of wrong side X-rays performed or wrongly labelled X-rays

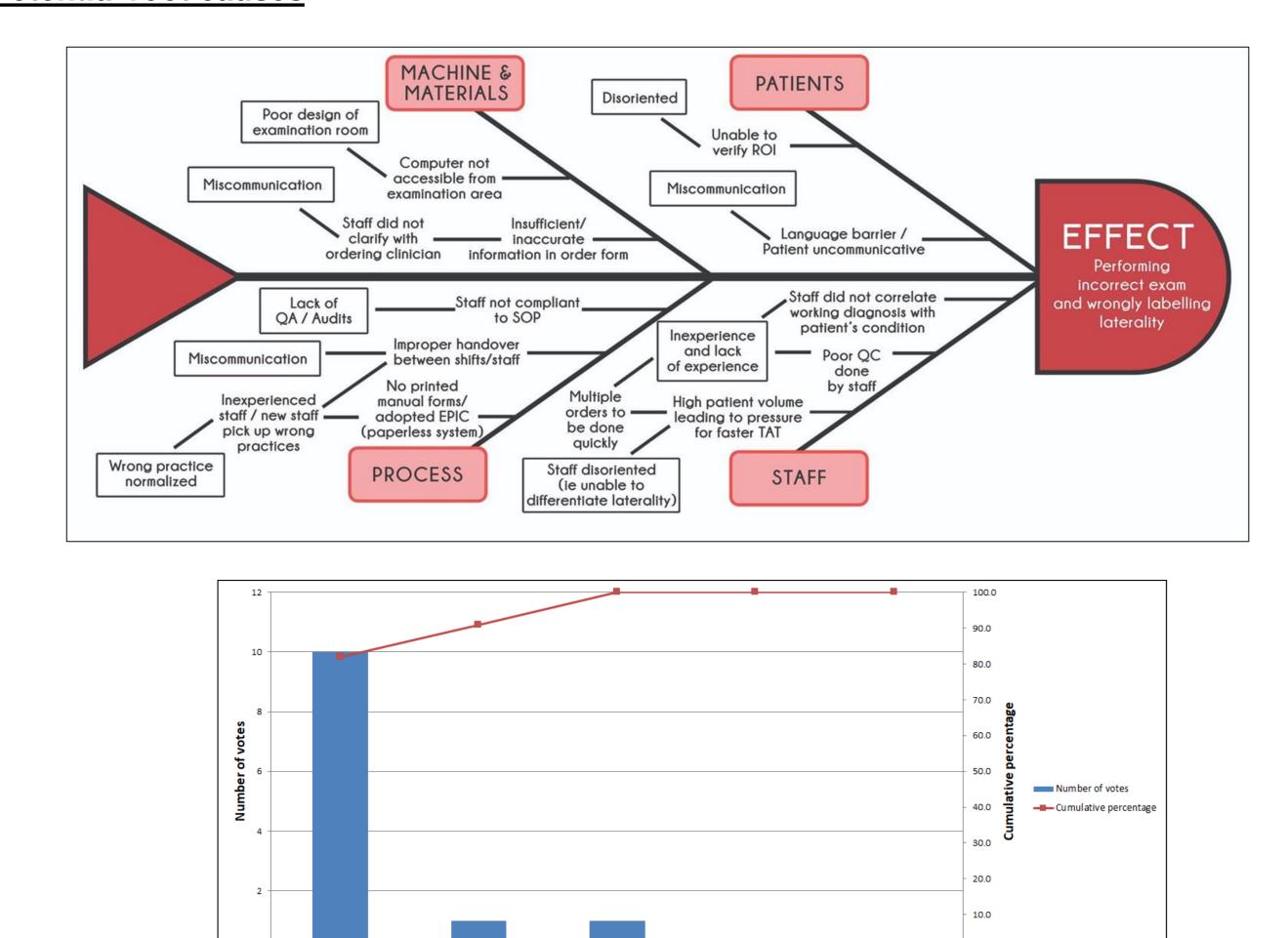


Analyse Problem

Processes before interventions



Potential root causes



Root Causes

Lack of QA / Audits

Poor design of examination

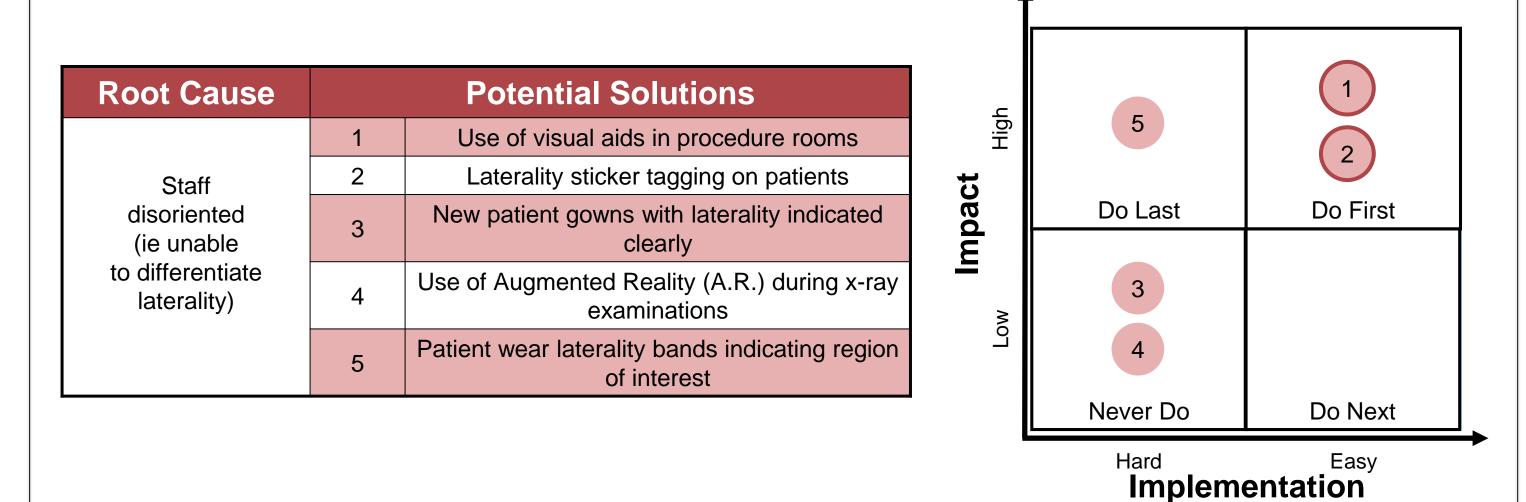
Ng Teng Fong General Hospital

to differentiate laterality)

Staff is disoriented (i.e. unable Inexperienced and lack of

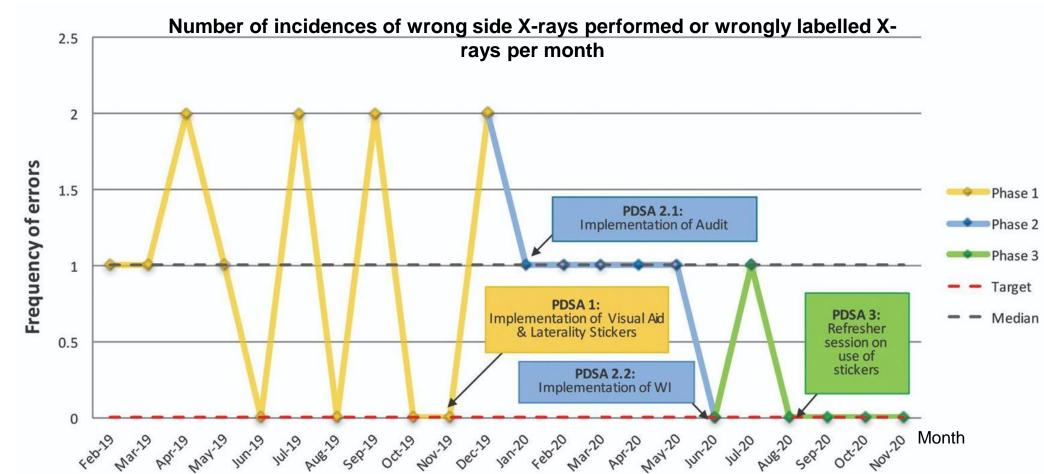


Select Changes



Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1.1	 To test whether visual aids and laterality stickers reduces erroneous X-ray examinations due to wrong laterality or side in ED X-ray setting Period: 2 weeks (starting from 14/11/2019) Participants: Radiographers rostered to ED X-ray 			To adopt for the next cycle and find out the exact compliance rate of utilizing the visual aids and laterality stickers through a monthly audit
1.2	 To expand the areas of stickers usage to include ED X-ray and IP X-ray Period: 2 weeks (starting from 28/11/2019) Participants: Radiographers rostered to ED X-ray and IP X-ray 	 The plan was carried out accordingly Received positive feedback from radiographers 	The post-implementation result shows a reduction in erroneous X-ray examinations due to wrong laterality or side. However, the compliance rate was around 80%	To adopt for the next cycle and find out the exact compliance rate of utilizing the visual aids and laterality stickers through a monthly audit
1.3	 To introduce visual aids and laterality stickers in all General X-ray setting (ED X-ray, IP X-ray, OP X-ray) Period: 2 weeks (starting from 12/12/2019) Participants: All radiographers performing General X-ray duties 			To adopt for the next cycle and find out the exact compliance rate of utilizing the visual aids and laterality stickers through a monthly audit
2.1	 To test the compliance of the visual aids and laterality stickers usage through monthly audits Period: From 01/01/2020 Participants: Audit team which comprises of Principal radiographers and Section In-Charge (s) 	Received mostly positive feedback from the audit team	The post-implementation results did not show a 100% compliance rate	To adapt cycle 2.1 and introduce implementation of Work Instructions (WI) which states using visual aids and laterality stickers as new mandatory workflow to help improve compliance rate in the next PDSA cycle
2.2	 To test whether introducing the WI which includes the mandatory use of visual aids and laterality stickers will improve the compliance rate and decrease the number of erroneous X-ray examinations done in the Radiology Department Period: From 01/06/2020 Participants: Change in WI was broadcasted to all radiographers performing General X-ray duties 	 The plan was carried out accordingly Obtained positive feedback from all the participating radiographers 	 The post-implementation results showed that there was much improvement (>95%) compliance rate, but an error was detected in July through the X-ray audits There was no feedback given by the reporting radiologists 	To adopt the plan accordingly
3.1	 To test whether conducting a refresher session on how to properly use the visual aids and laterality stickers will sustain the result The session was conducted by the QI project co-lead, targeting all the radiographers doing General X-rays Period: From 14/07/2020 	 The plan was carried out accordingly Obtained positive feedback from all the participating radiographers 	The post-implementation results showed that there were no errors made due to wrong laterality or side for a sustained period (till November 2020)	To adopt the plan accordingly



Spread Changes, Learning Points

Sustain changes Monitor changes Regular audits are conducted to Proper guidance and training of onclosely monitor and ensure boarding staff to ensure compliance of the compliance of practice. Non-compliant staff are identified and counselled to gather feedback for reasons of non-compliance.

Prompt revision of workflow once any

Continued follow up on non-compliant

data points to showcase a trend.

staff to reinforce practice and ensure

potential lapse is identified.

lapse is corrected effectively.

use of laterality stickers. Regular reminders through official channel (such as Tigertext messaging) and refresher sessions are conducted to ensure all staff are kept updated of current practice. Conduct sharing sessions to promote good

practices and reinforce aim of these All leaders are convinced and embraced this new professional practice to encourage those under their care

Extend changes from general radiography to other imaging modalities e.g. CT, MRI and Ultrasound. Further improve imaging standards by adding on the standardisation of anatomical lead marker placement on

radiographs with use of visual aids and

Future expansion

of changes

laterality stickers.

Key Learning Points

Spread Changes

Strengths

 Project was focused on general radiography examinations only; this made the scale manageable as a pilot study. Project was well monitored, PDSA cycles were introduced in a timely and effective manner to help achieve the project target.

Limitations

• The length of pre data collection could have been longer to study for more root causes of the problem and identify any trends. • The data collection timeline for post implementation phase could be extended to study if the change is sustainable by demonstrating with more

Conclusion

• The implementation of visual aids and laterality stickers has successfully reduced the frequency of laterality-related errors in general radiography examinations and achieved our target of ZERO-error. This is crucial for ensuring patient safety in all examinations, especially radiation-related.

Consistent effort is still required to reinforce staff compliance in order to sustain the ZERO-error target.