

### CHI Learning & Development System (CHILD)

### **Project Title**

IPSG Number 1 – Mission Impossible Makes Possible

### **Project Lead and Members**

- Cham Mooi Tai
- Celine Chow Yoke Leng
- Joanne Lee KH
- Cheng Woon Heah
- Jennifer Chew Yen Ling
- Niki Liu Shuhui
- Bong Elaine Cynthia
- Siti Hauzah Binte Abdul Rahaman
- Eileen Lee Yuan Lin

### Organisation(s) Involved

KK Women's and Children's Hospital

### **Healthcare Family Group Involved in this Project**

Medical, Nursing, Healthcare Administration

### **Specialty or Discipline**

Division of Specialty and Ambulatory Services

### **Project Period**

Start date: Sep-2018

Completed date: May-2020

### Aims

To achieve 100% compliance for IPSG 1 in the clinics/centres under the Division of Specialty and Ambulatory Services (SAS)



### CHI Learning & Development System (CHILD)

### Background

See poster appended / below

### Methods

See poster appended / below

### **Results**

See poster appended / below

### **Lessons Learnt**

See poster appended / below

### Conclusion

See poster appended / below

### **Additional Information**

Singapore Healthcare Management (SHM) Conference 2021 – Shortlisted Project (Risk Management Category)

### **Project Category**

Care & Process Redesign, Quality Improvement, Workflow Redesign, Value Based Care, Safe Care, International Patient Safety Goals, Risk Management, Preventive Approach, Technology, Digital Health, Data Analytics

### **Keywords**

Clinical Dashboard, Focus Group, Risk Management Workgroup, Cross-Monitoring

### Name and Email of Project Contact Person(s)

Name: Cham Mooi Tai

Email: singaporehealthcaremanagement@singhealth.com.sg

# IPSG Number 1

## Mission Impossible makes





Cham Mooi Tai / Celine Chow Yoke Leng / Joanne Lee KH/ Cheng Woon Heah / Jennifer Chew Yen Ling / Niki Liu Shuhui / Bong Elaine Cynthia / Siti Hauzah Binte Abdul Rahaman / Eileen Lee Yuan Lin

### INTRODUCTION

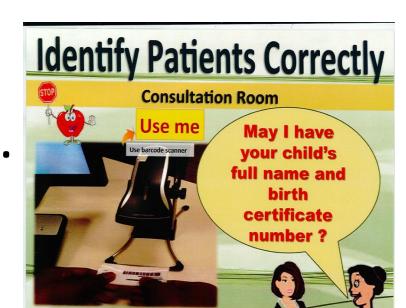
The **first International Patient Safety Goal** (IPSG 1) is to *identify* patient correctly with two constant fundamentals, that is full name and identity number. It is also one of the **most important** safety goal in the **outpatient setting** that should be adhered and applied at every contact point of our patients, before and after every service and treatment.

**Singapore Healthcare** 

Management 2021

Back in 2015, IPSG1 posters and wobblers were introduced and visible at every contact points to identify patients correctly. Ironically, the number of incidents continued to increase This was alarming and triggered the need to relook and rethink our processes.





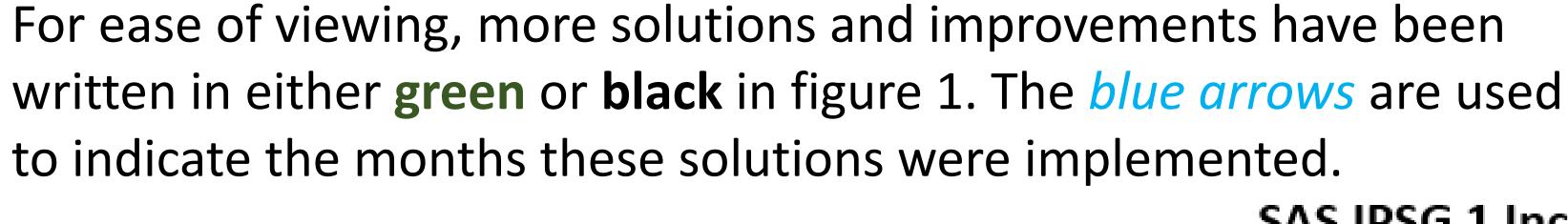
### OBJECTIVE

To achieve 100% compliance for IPSG 1 in the clinics/centres under the Division of Speciality and Ambulatory Services (SAS).

### METHOD

To analyse obstacles to non-compliance and instill improvement, we adopted a *5Cs Model*. The model suggests taking actions to

- 1. Connect An in-house creation of the IPSG 1 video entitled "What's going right?" which was based on actual events and screened at staff meeting and roll calls with post video survey.
- 2. Communicate Shared the incidences with staff, especially with the newly launch Clinical Dashboard.
- \*\*A.\*\* Collaborate Conducted Focus Group meetings to hear the reasons for best practices, non-compliances 5 Contact Moments of Two Patient Identifies and work on improvement opportunity.
- 4. Co-create SAS's Risk Management Workgroup introduced cross-monitoring.
- 5. Celebrate Short and long –term achievements by awarding clinic/centres with 100 days incidence free awards and one-year incidence free too.



### RESULTS

- Monthly incidences rates were on down trend
- The mean incidence rate per 12 months reduced by at least half when compared to the previous 12 months.
- 100% compliance to IPSG1 on the stated months in figure 2
- Zero IPSG 1 Incident
- > 1<sup>st</sup> achievement Sep 2018 (Breaking ground)
- ➤ 2<sup>nd</sup> achievement Nov 2019
- > 3<sup>rd</sup> achievement Jan 2020
- Sustainable Apr and May 2020 for 2 consecutive months

Months	Average number/ yr	Achieve Zero Incident
Jun-17 to May-18	6	Nil
Jun-18 to May-19	3	*Sep-18
Jun-19 to May-20	1.3	*Nov-19
		*Jan-20
		*Apr-20
		*May-20

Figure 2: Table showed mean number of incidences over 12 month interval periods. It also records the months that achieved zero incidences

### CONCLUSION

Our strategy has been implemented at the Clinics/Centres since then. Many of these interventions eventually became **best-practices** at Clinics/ Centres of the Division of SAS. The spread of these interventions could be embraced by the other institutions.

Together, the journey towards zero harm for IPSG 1 can be achieved with continuous monitoring.



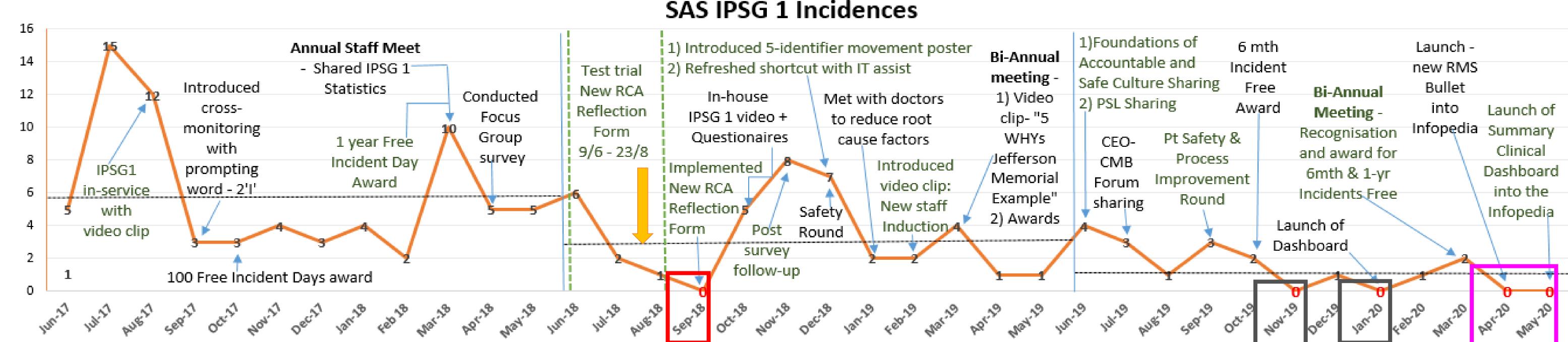


Figure 1: Number of incidences against time from 2017 to 2020. It showed a downtrend of incidences with an increasing amount of incidence free months.