Becoming a High Reliability Community Hospital

Healthcare Performance & Innovation Office

Yikhin_loh@sach.org.sg
Angel_lee@sach.org.sg
Yenhoon_law@sach.org.sg

ST. ANDREW'S COMMUNITY HOSPITAL

Problem Statement

Absence of a coherent Quality Framework compromises patient and staff safety and increases healthcare cost

In 2019, a review of the hospital's approach to quality care, revealed that there was, in general:

Low staff Quality Improvement competency	Reactive responses to incidents	Lack of expedient feedback to staff of patient experience	Lack of integration between the Quality Assurance Committees, the Value-based Council and the Total Quality Management Committee

This resulted in suboptimal outcomes.

Project Aim

Through the review of the Quality Framework and realignment of various committees, the targets to be reached by Sep 2023 were:
1. Increase in staff trained with QI skills by 50%
2. Improve patient safety – with 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%

Lessons Learnt

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

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

Potential Solutions

SACH adapted the Institute for Healthcare Improvement's (IHI) framework and developed an internal framework. Initiatives progressively implemented since 2019 are as indicated:
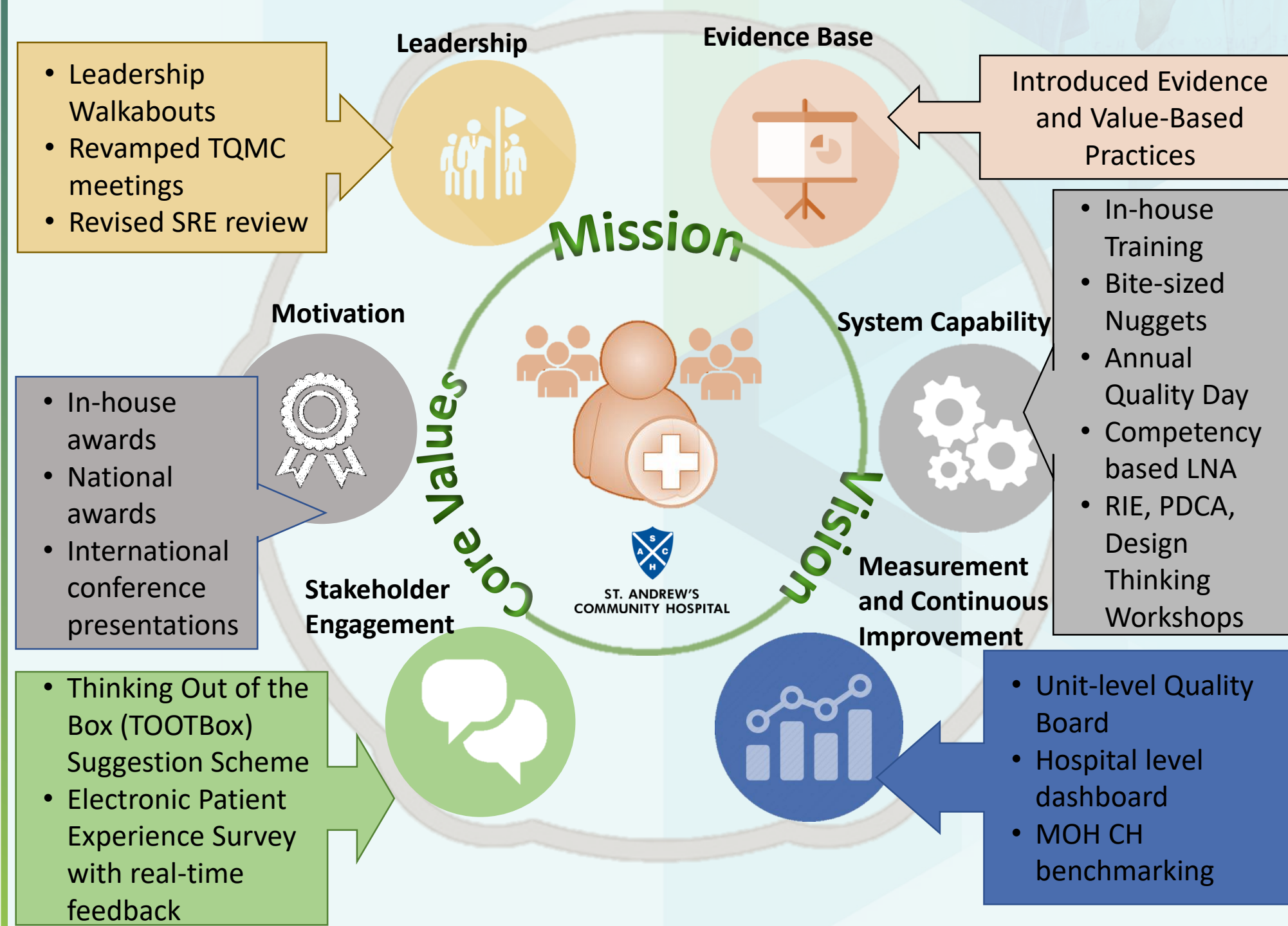
- Leadership Walkabouts
- Revamped TQMC meetings
- Revised SRE review

Leadership

Evidence Base

Introduced Evidence and Value-Based Practices

Motivation
- In-house awards
- National awards
- International conference presentations

System Capability
- In-house Training
- Bite-sized Nuggets
- Annual Quality Day
- Competency based LNA
- RIE, PDCA, Design Thinking Workshops

Mission
Vision
Core Values

ST. ANDREW'S COMMUNITY HOSPITAL

Stakeholder Engagement
- Thinking Out of the Box (TOOTBox) Suggestion Scheme
- Electronic Patient Experience Survey with real-time feedback

Measurement and Continuous Improvement
- Unit-level Quality Board
- Hospital level dashboard
- MOH CH benchmarking

Figure 1. SACH Quality Framework (modified from IHI Framework for Safe, Reliable and Effective Care)

Outcomes & Impacts

1. Number of **staff equipped with QI knowledge increased by 57%** by Sep 2023.
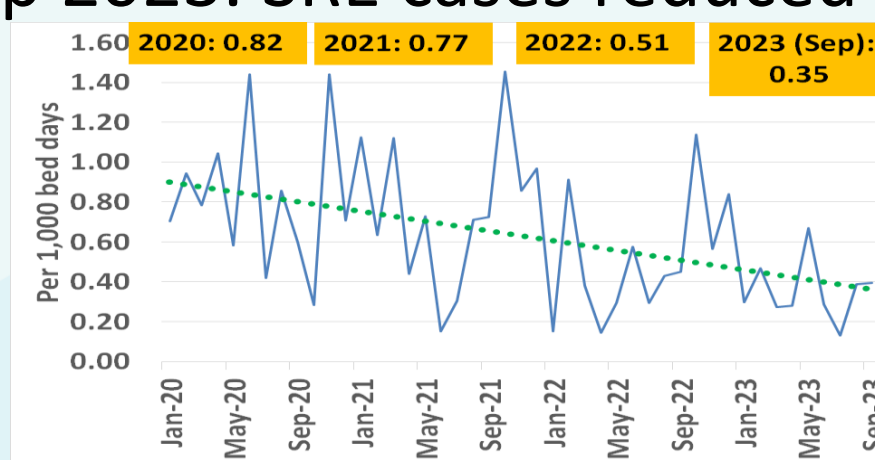
2019-2021: 30 | 2022: 98 | 2023 (Sep): 154
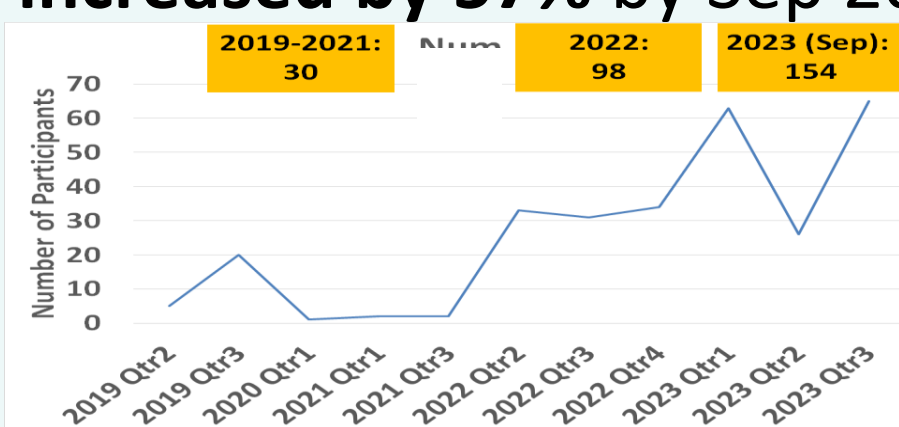
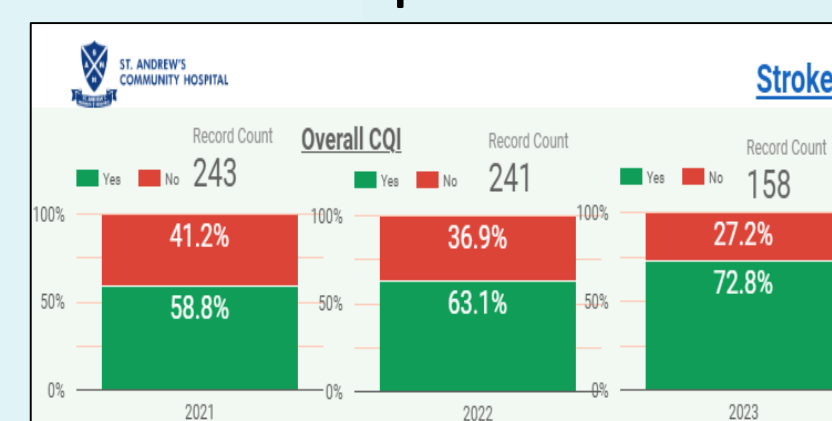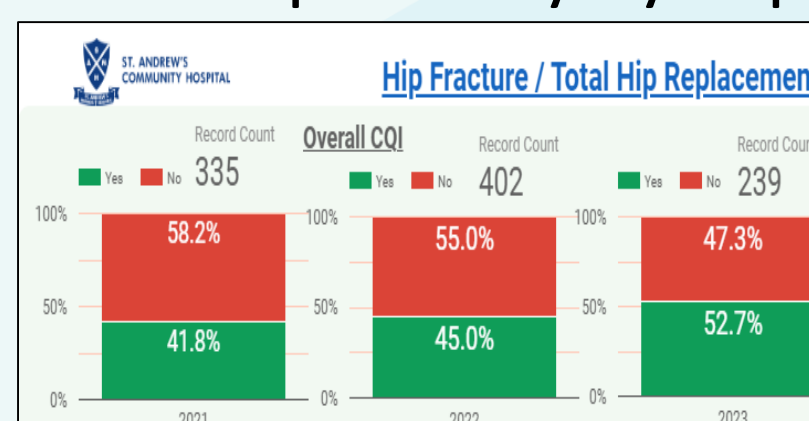Projects completed over a period of 18 months:

42 PDCA Projects

32 6S Projects

9 Rapid Improvement Events

2. **Fall Incidents reduced by 30%** from 0.51 (in 2022) to 0.35 per 1,000 bed days by Sep 2023. SRE cases reduced from 9 (2018) to 5 (Sep 2023).

2020: 0.82 | 2021: 0.77 | 2022: 0.51 | 2023 (Sep): 0.35

$110,000 cost avoidance/year

3. Overall CQI for Hip and Stroke **improved by 17% and 15%** respectively by Sep 2023 as compared to 2022.

ST. ANDREW'S COMMUNITY HOSPITAL — Hip Fracture / Total Hip Replacement — Overall CQI

Record Count 335	Record Count 402	Record Count 239
58.2% / 41.8%	55.0% / 45.0%	47.3% / 52.7%
2021	2022	2023

ST. ANDREW'S COMMUNITY HOSPITAL — Stroke — Overall CQI

Record Count 243	Record Count 241	Record Count 158
41.2% / 58.8%	36.9% / 63.1%	27.2% / 72.8%
2021	2022	2023

$760,000 cost avoidance/year

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