Policies to Improve Incident Reporting & Learning in Ministry of Health Hospitals

Implementing Patient Safety Policies
-Experience From **Malaysia**

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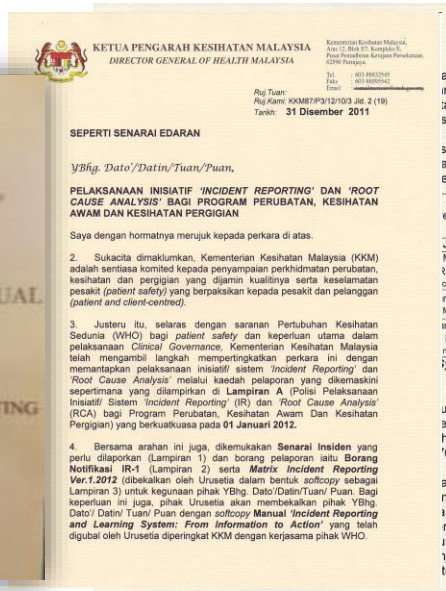
Bohn, Germany
29th March 2017

OVERVIEW

- Overview & Evolution of Incident Reporting & Learning in MOH Hospitals
- Key Issues related to Incident Reporting Implementation
- The Solutions
- Outcome after 1 year
- Lessons Learned
- Summary of Key Messages

OVERVIEW & EVOLUTION OF INCIDENT REPORTING & LEARNING IN MOH HOSPITALS MALAYSIA

- "Incident Reporting" started as part of Quality Assurance tool in MOH Hospitals.
- Later specific policy on Incident Reporting (IR) and Learning System formulated as part of Patient Safety initiative, to learn from error and improve healthcare system
- Then scope IR was extended, became one of National Patient Safety Goals.
- Strengthen by developing National online reporting e-IR.
- Approach changed from local level implementation, monitoring and improvement to national level monitoring, improvement as well.


KETUA PENGARAH KESIHATAN MALAYSIA
DIRECTOR GENERAL OF HEALTH MALAYSIA

Rujukan Tuan:
Rujukan Kami: KKM87/P3/12/10/3 Jld. 2 (19)
Tarikh: 31 Disember 2011

SEPERTI SENARAI EDARAN

YBhg. Dato'/Datin/Tuan/Puan,

PELAKSANAAN INISIATIF *'INCIDENT REPORTING'* DAN *'ROOT CAUSE ANALYSIS'* BAGI PROGRAM PERUBATAN, KESIHATAN AWAM DAN KESIHATAN PERGIGIAN

Saya dengan hormatnya merujuk kepada perkara di atas.

2. Sukacita dimaklumkan, Kementerian Kesihatan Malaysia (KKM) adalah sentiasa komited kepada penyampaian perkhidmatan perubatan, kesihatan dan pergigian yang dijamin kualitinya serta keselamatan pesakit *(patient safety)* yang berpaksikan kepada pesakit dan pelanggan *(patient and client-centred)*.

3. Justeru itu, selaras dengan saranan Pertubuhan Kesihatan Sedunia (WHO) bagi *patient safety* dan keperluan utama dalam pelaksanaan *Clinical Governance*, Kementerian Kesihatan Malaysia telah mengambil langkah mempertingkatkan perkara ini dengan memantapkan pelaksanaan inisiatif/ sistem *'Incident Reporting'* dan *'Root Cause Analysis'* melalui kaedah pelaporan yang dikemaskini sepertimana yang dilampirkan di **Lampiran A** (Polisi Pelaksanaan Inisiatif/ Sistem *'Incident Reporting'* (IR) dan *'Root Cause Analysis'* (RCA) bagi Program Perubatan, Kesihatan Awam Dan Kesihatan Pergigian) yang berkuatkuasa pada **01 Januari 2012.**

4. Bersama arahan ini juga, dikemukakan **Senarai Insiden** yang perlu dilaporkan (Lampiran 1) dan borang pelaporan iaitu **Borang Notifikasi IR-1** (Lampiran 2) serta ***Matrix Incident Reporting Ver.1.2012*** (dibekalkan oleh Urusetia dalam bentuk *softcopy* sebagai Lampiran 3) untuk kegunaan pihak YBhg. Dato'/Datin/Tuan/ Puan. Bagi keperluan ini juga, pihak Urusetia akan membekalkan pihak YBhg. Dato'/ Datin/ Tuan/ Puan dengan *softcopy* **Manual *'Incident Reporting and Learning System: From Information to Action'*** yang telah digubal oleh Urusetia diperingkat KKM dengan kerjasama pihak WHO.

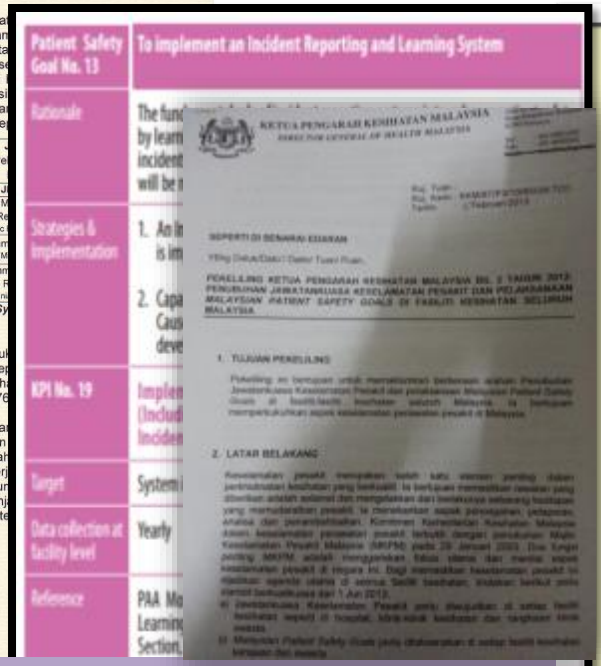
Sekian.

'BERKHIDMAT UNTUK NEGARA'

Yang Ikhlas,

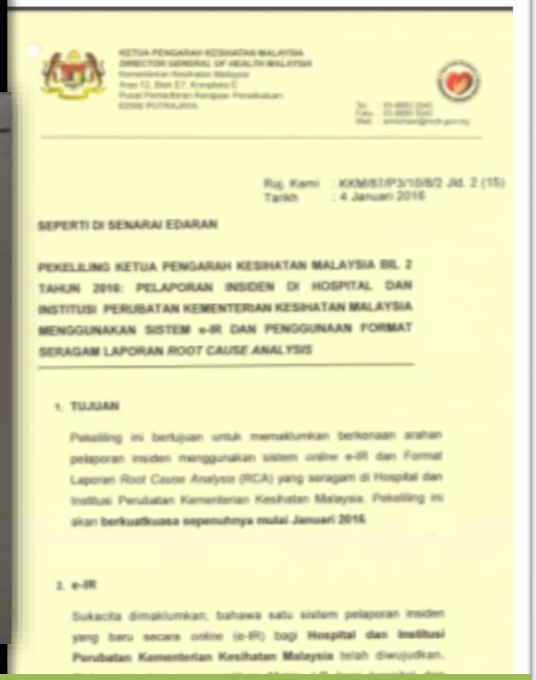
DATO' SRI DR. HASAN BIN ABDUL RAHMAN
Ketua Pengarah Kesihatan Malaysia

INCIDENT REPORTING AS QUALITY ASSURANCE PROGRAMME



POLICY ON IMPLEMENTATION OF INCIDENT REPORTING & LEARNING SYSTEM

POLICY ON MALAYSIAN PATIENT SAFETY GOALS
INCIDENT REPORTING & LEARNING SYSTEM AS GOAL NO 13


KETUA PENGARAH KESIHATAN MALAYSIA
DIRECTOR GENERAL OF HEALTH MALAYSIA

Rujukan Kami : KKM/87/P3/10/8/2 Jld. 2 (15)
Tarikh : 4 Januari 2016

SEPERTI DI SENARAI EDARAN

PEKELILING KETUA PENGARAH KESIHATAN MALAYSIA BIL 2 TAHUN 2016: PELAPORAN INSIDEN DI HOSPITAL DAN INSTITUSI PERUBATAN KEMENTERIAN KESIHATAN MALAYSIA MENGGUNAKAN SISTEM e-IR DAN PENGGUNAAN FORMAT SERAGAM LAPORAN *ROOT CAUSE ANALYSIS*

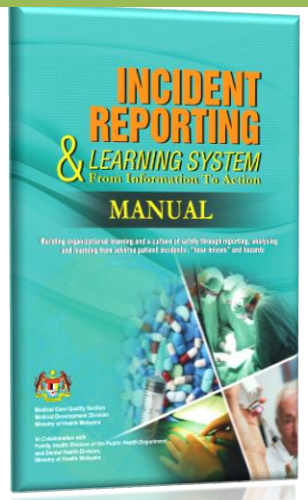
1. TUJUAN

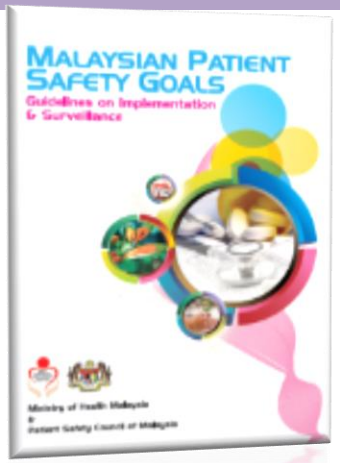
Pekeliling ini bertujuan untuk memaklumkan berkenaan arahan pelaporan insiden menggunakan sistem online e-IR dan Format Laporan *Root Cause Analysis* (RCA) yang seragam di Hospital dan Institusi Perubatan Kementerian Kesihatan Malaysia. Pekeliling ini akan **berkuatkuasa sepenuhnya mulai Januari 2016**.

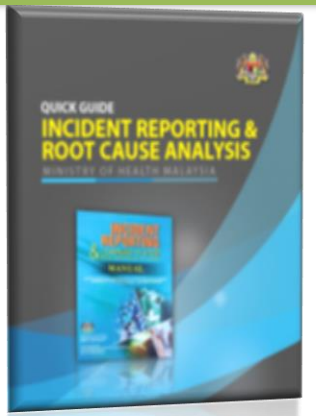
2. e-IR

Sukacita dimaklumkan, bahawa satu sistem pelaporan insiden yang baru secara online (e-IR) bagi **Hospital dan Institusi Perubatan Kementerian Kesihatan Malaysia** telah diwujudkan,

POLICY ON e-IR & ROOT CAUSE ANALYSIS







KEY ISSUES RELATED TO INCIDENT REPORTING

Hospital Level

- Staff cannot see benefit of reporting
- Fear of reporting (eg. blame culture etc)
- Some senior officers stop the reporting to proceed
- Complicated, confusing reporting system
- Time consuming process
- No knowledge on RCA
- Time consuming to produce RCA Report
- Value of RCA Report is not good

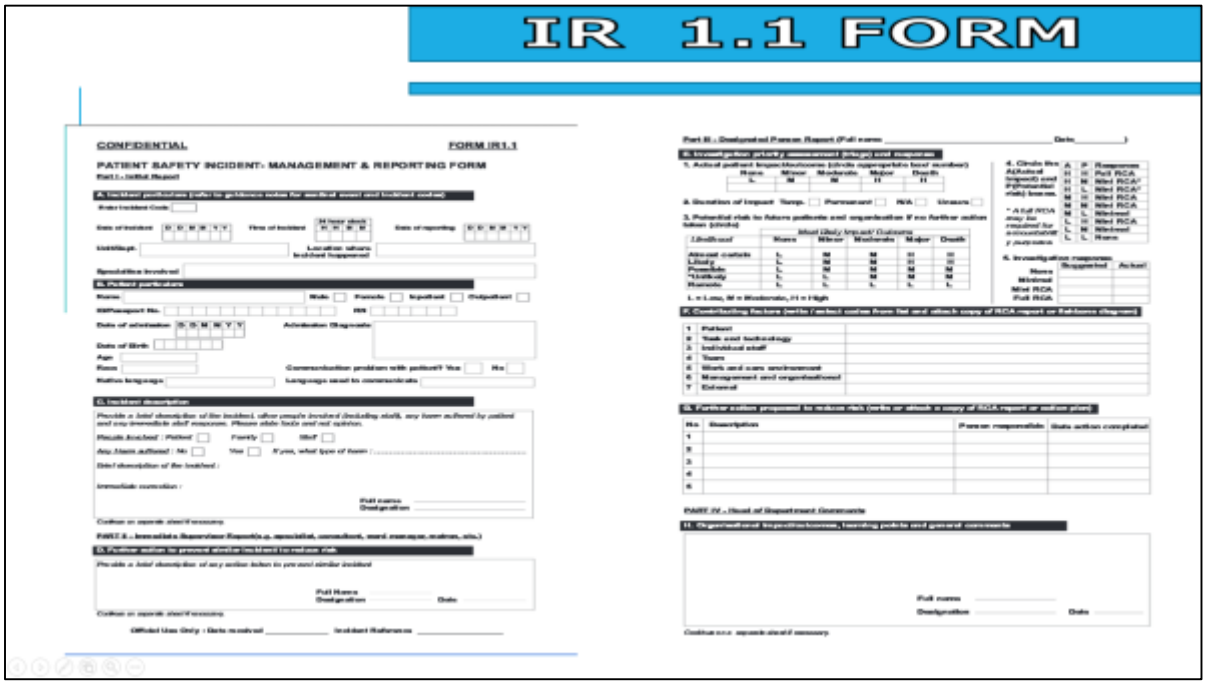
State Health Dept. Level

- Some hospitals are not reporting
- Some officers do not have enough knowledge to educate hospitals on Incident Reporting & RCA
- Burden for state to do analysis as State Dept. does not have specific officer looking into Patient Safety

Ministry Level

- System has 29 mandatory incidents, near miss is not captured
- Only receive number of incidents happen.
- Info reach Ministry after 3 months (i.e not timely)
- Ineffective 3- tier system of reporting. Incomplete national status of incidents.
- Hospitals still depend on Ministry officers for training on IR, RCA
- Inadequate resource to produce comprehensive online reporting system

COMPLICATED PROCESS OF REPORTING



Fill in by staff involved or witness

Fill in by direct supervisor

Fill in by Quality Officer

Fill in by Head of Department

Sent to State Health Dept.

Sent to Ministry of Health

- 2 Pages of Reporting Form
- 4 different sections
- Fill in by 4 different individuals
- Require risk assessment to be done, many staff find it difficult
- 3 tier stages of reporting: Hospital to State to Ministry
- Multiple reporting phase:
  - Copy of the IR 1.1 Form; Reporting Matrix (Aggregate data); RC A Report

THE SOLUTIONS

Use of Direct & Free Online System

- Shorten reporting process
- More user friendly for hospitals
- Ministry get more meaningful data for further action
- Faster time for Ministry to get information on Incident (5 days rather than 3 months)
- Reduce burden of State Health Department to analyse
- State Health Dept. can concentrate on "going down to hospitals", monitor problem & improvement
- Enable Ministry to monitor incidents centrally & produce National report

Promotion & Capacity building

- Promotion – "More reporting is better"
- State Health Dept. – Technical expertise, leadership, engagement, creativity
- Hospital Level – for paramedics, quality managers, clinicians, Head of Dept, Hosp directors (Patient safety, IR, RCA)
- Mandatory Patient Safety Course for House Officers - Include Incident Reporting

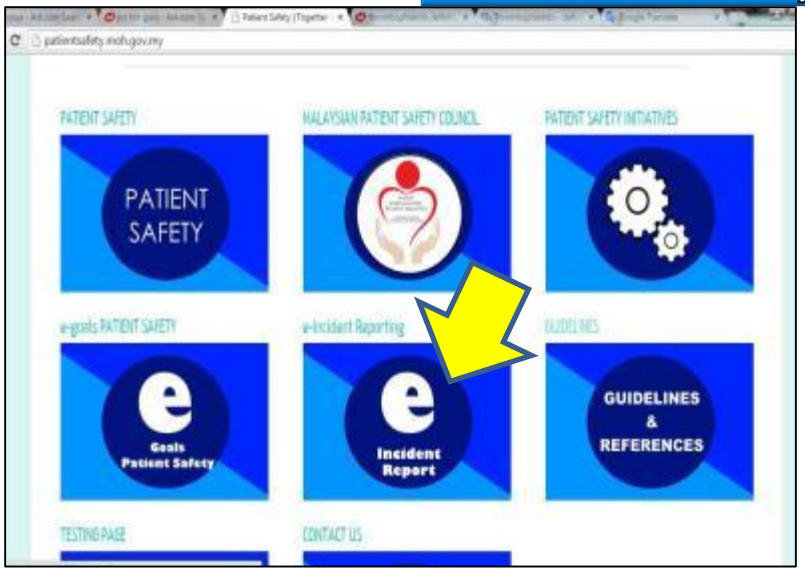
Produce standardised RCA Report template

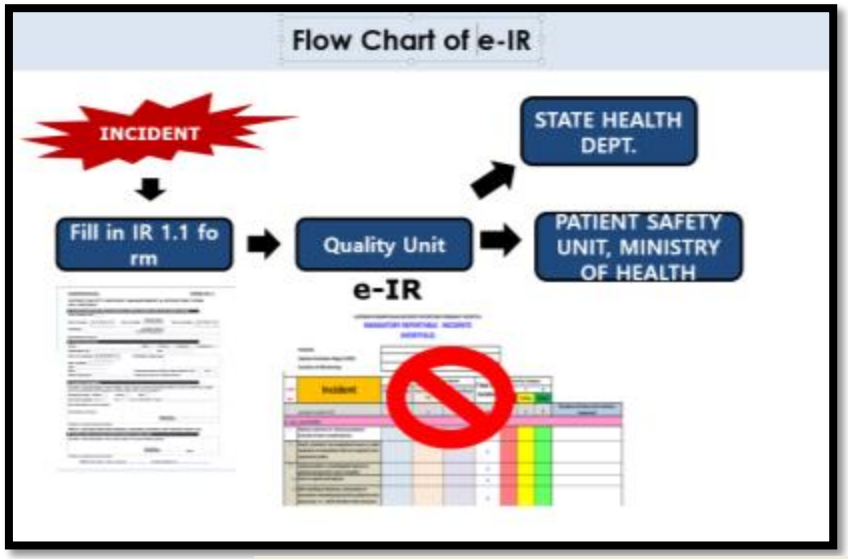
- More RCA reports received
- Better quality of RCA reports
- Can analyse the RCA reports to get important information

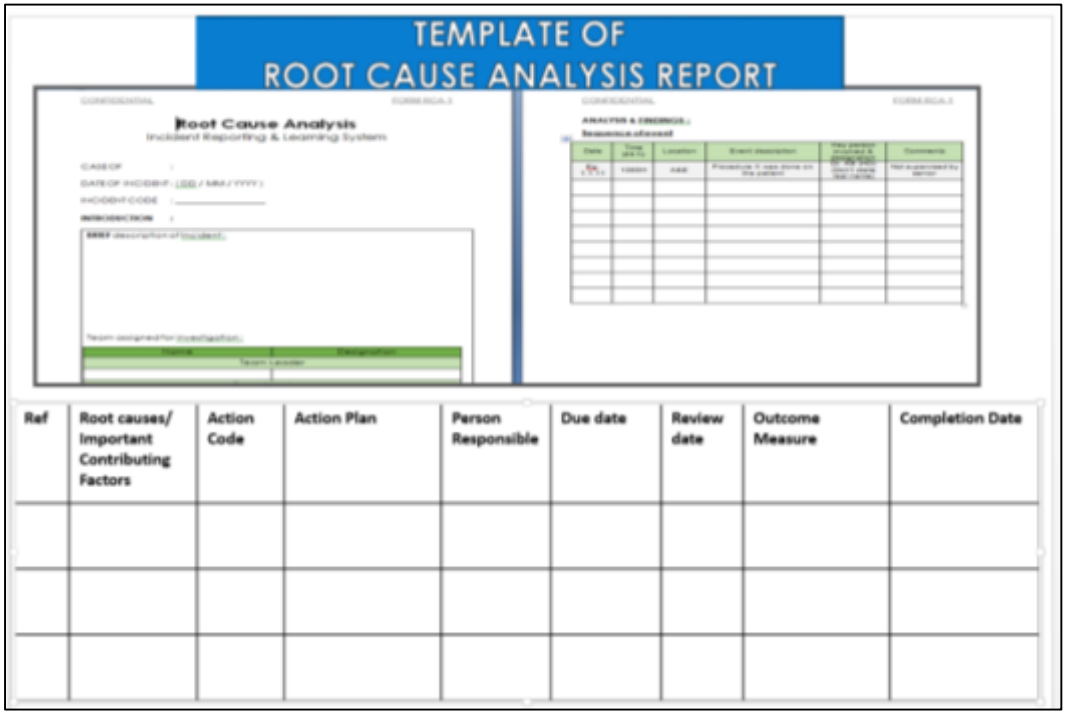
New IR Form (in progress)

- Simpler
- More comprehensive – covers near miss, any safety concern
- 1 page instead of 2 pages
- Only 2 individuals fill in the Reporting Form instead of 4

Patient Safety Council Malaysia website







With online reporting:

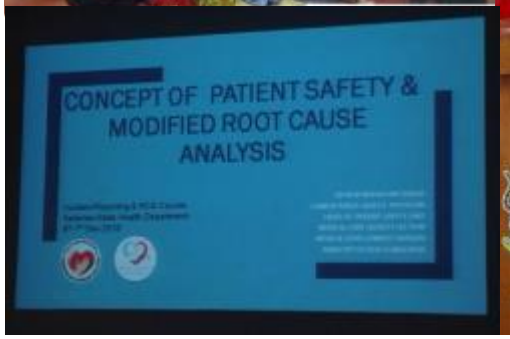
- Long winded process has been shorten
- More meaningful data received by Ministry
- Reduce burden of State Health Dept.

With RCA Report template:

- More hospitals conduct RCA
- RCA Reports received from hospitals have better quality

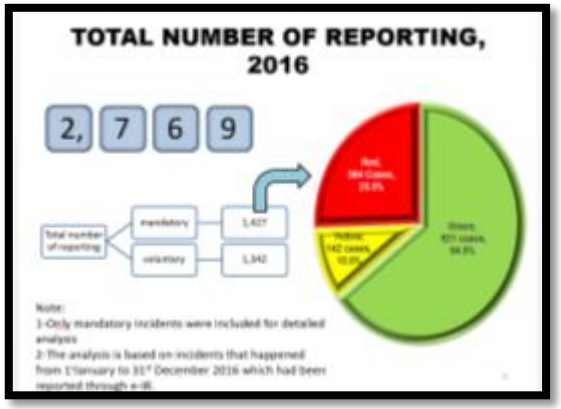
DELIVERING OF
MALAYSIAN PATIENT SAFETY GOALS REPORT CARD
FROM DIRECTOR GENERAL OF HEALTH MALAYSIA &
ANNOUNCEMENT OF STATE WITH HIGHEST
INCIDENT REPORTING 26 NOV 2016

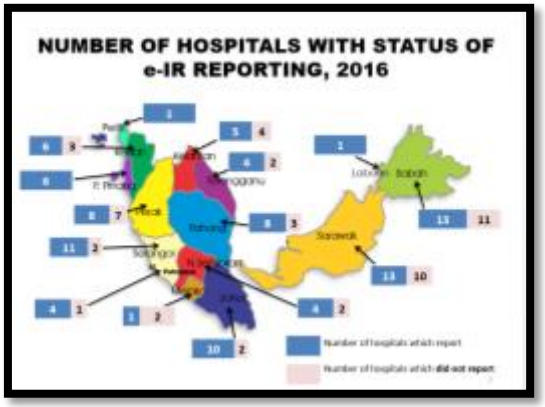
INCIDENT REPORTING & RCA TRAINING

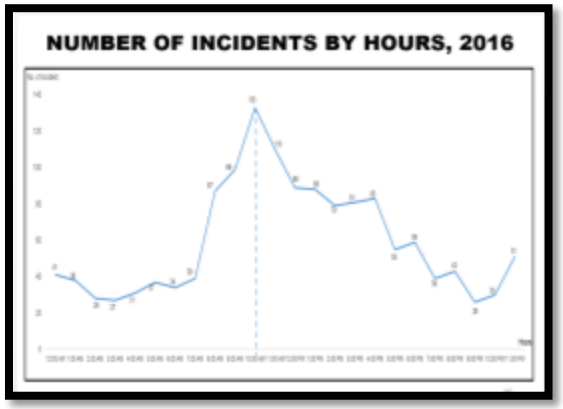


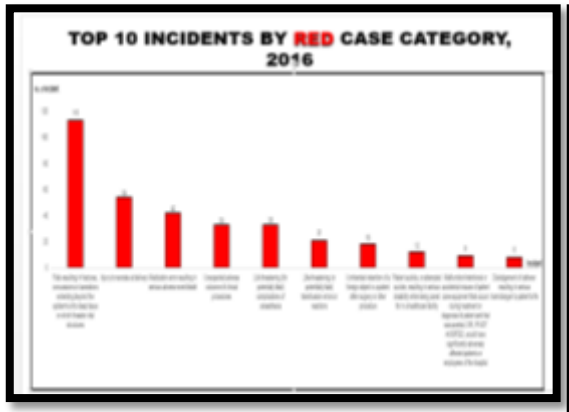
OUTCOME AFTER 1 YEAR

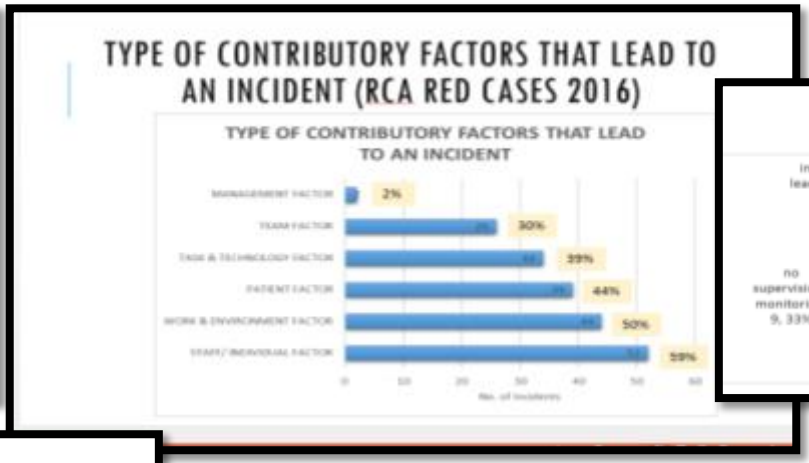
- More incident reporting received – total 2,769
- Positive feedback from State Health Dept.
- Positive feedback from hospitals
- More meaningful info at National level that can be used for national improvement/further research
- Ministry manage to identify hospitals & state which show low reporting of incident
- Regular report produced at national level for consumption of Ministry/State Health Dept./ hospitals
- Comparison can be used as motivation for other hospitals/state

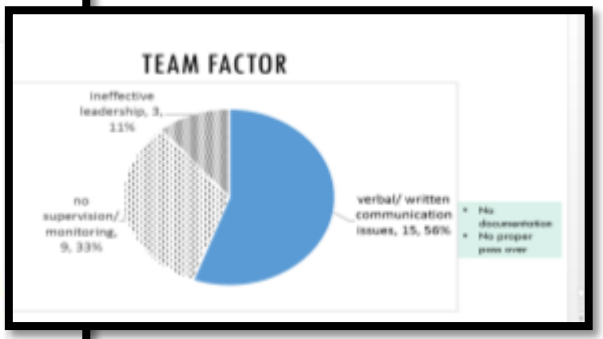












Outcome of e-IR & Standardised Template of RCA Report

- More meaningful profiling of incident throughout the country
- Can analyse common contributing factors of incidents throughout the country based on standardised RCA report

LESSONS LEARNED

Challenges Faced

- To produce policy and system which can be implemented efficiently, effectively and well received by the implementers.
- To change mind set of healthcare staff on patient safety & importance of reporting
- Limited resource to conduct training, improve reporting system, implement effective improvement based on Incident Investigation
- High turnover of staff at State Level & Quality Unit of Hospitals requires continuous training

How We Overcome?

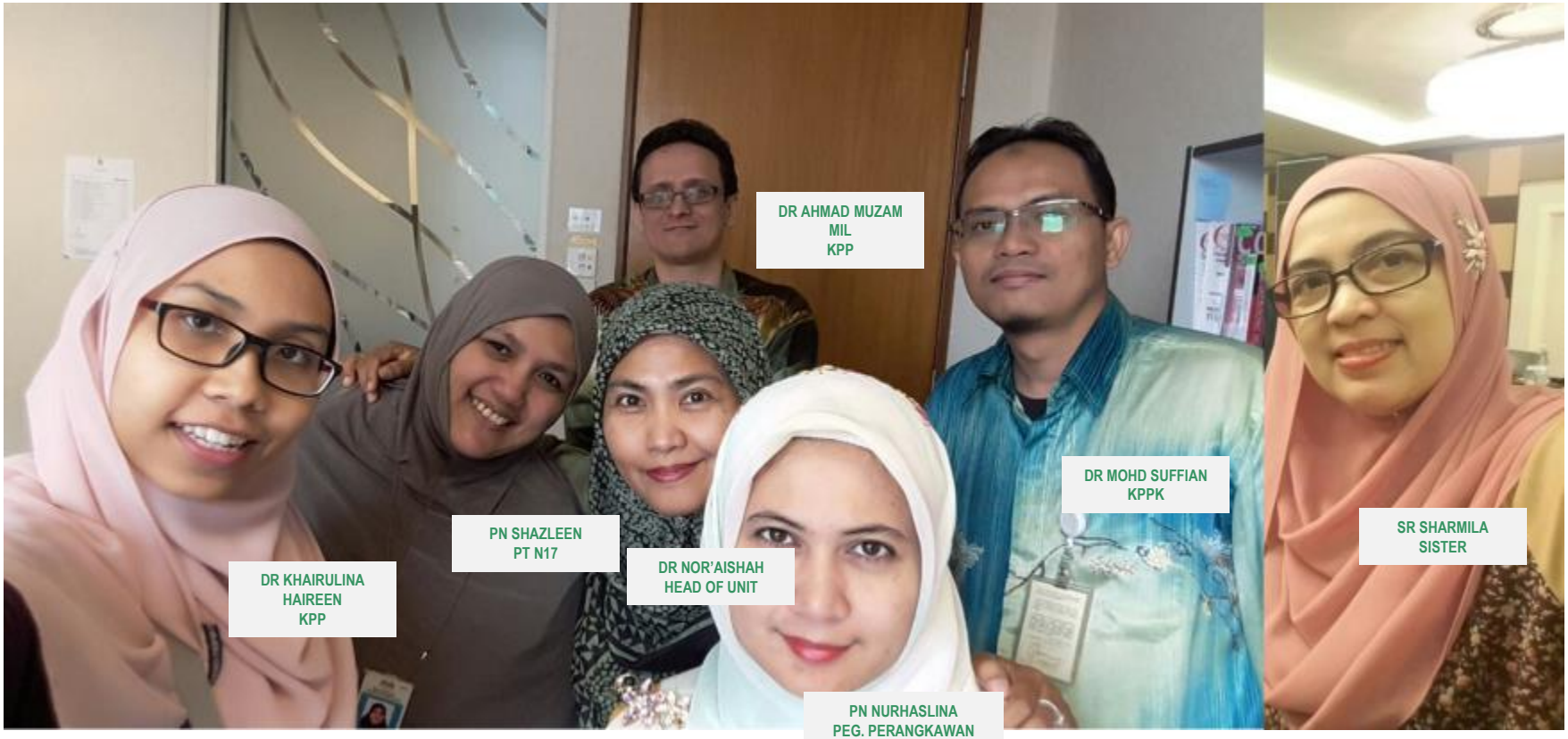
- With **"Leadership, Engagement and Creativity"**
- Create leaders to motivate others & for capacity building
- Engage with relevant stakeholders to get feedback & improve system
- Creative to find best solution despite limited resource

SUMMARY OF KEY MESSAGES

1. Policy is essential in improving patient safety.
2. “Empathy” to the implementers is an important component to consider when formulating a policy
3. Policy need to be supported by promotion, capacity building and suitable tools.
4. Policy should be dynamic and responsive to the need of policy maker and stakeholders.
5. **“Leadership, Engagement and Creativity” is the key.**

PATIENT SAFETY UNIT, MINISTRY OF HEALTH MALAYSIA

OUR HARDWORKING TEAM…
THE PILLARS OF PATIENT SAFETY IN MoH



Thank you.
Patient Safety Unit…With Care & Compassion

PATIENT SAFETY UNIT
MINISTRY OF HEALTH MALAYSIA

drnoraishah @moh.gov.my