Patient Safety Engagement Report (PASER)

Aim of Patient Safety Engagement Report (PASER)

The Patient Safety Engagement Report (PASER) provides a regular overview of patient safety indicators and engagement efforts across SingHealth institutions.

It aims to strengthen commitment and accountability for patient safety, improvement efforts, and identify opportunities for cluster-wide sharing & learning as part of the learning framework within our AMC learning organisation.

5 Categories
13 indicators

(1) Leadership Patient Safety Walk Round (LPSWR)

(2) Serious Reportable Events & Reportable Near Misses

(3) Audits

(4) Training Programmes

(5) Others
- **Patient Safety Culture**
- **Recognition**
- **Clinical Excellence (Safety)**
- **PS Sharing Platform**

Category 1 Leadership Patient Safety Walk round & its Indicators

Category	Indicators	Q1	Q2	Q3	Q4	Total
Leadership Patient Safety Walk Round (LPSWR)	1. Number of LPSWR	0	0	0	0	0
	2. Number of Issues Identified	0	0	0	0	0
	2a. Number of Closed Issues	0	0	0	0	0
	2b. Number of In-Progress Issues	0	0	0	0	0
	2c. Number of Open Issues	0	0	0	0	0

Leadership Patient Safety Walk round (LPSWR) Reporting

	FY Q1	FY Q2	FY Q3	FY Q4
Number of LPSWRs Conducted				
Please list the team: **a. Institution Leader(s)*:** **b. Core Team* :** **c. Invitee(s):** ***Required** *(To add as separate tab if the space is not enough)*				

Step 2: Fill in Observations & Actions Taken														
		"FY Quarter" section will auto-populate. Please do not fill in.			For more information on "Contributory Factor", please refer to Annex A. For "Contributory Factor": Please assign the factor most relevant to the nature of issue	For more information on "Impact", "Likelihood", "Risk Rating" and "Recommended Timeline for Issue Closure , please refer to Annex B1-B3 . The recommended timeline for issue closure is based on the risk rating (refer to Annex B3)				**Closed:** The issue was addressed and resolved **In-Progress:** The issue is being actively worked to develop a resolution **Open:** The issue has not yet been addressed * To update status of Issue (i.e. If issue identified was "Open" in Q1 and closed in subsequent quarter, to change status to "Closed"). * For examples on Strength of Action , refer to Annex B4.				
No.	Date of Reported LPSWR	FY Quarter	Area Visited	Issues Identified	Contributory Factor	Impact	Likelihood	Risk Rating	Recommended Timeline for Issue Closure	*Status of Issue	Actions Taken (NA for "Open" Issues)	Strength of Action (If more than 1 actions are taken, state the highest Strength of Action)	If Strength of Action is "Weak", please provide reason(s) for choice of action.	Any plan for "Intermediate" or "Strong" actions? If yes, please list the Intermediate/Strong actions and its timeline. If no, indicate "N.A"	Issue Closed (DD/MM/YYYY)
1	DD/MM/YYYY	#VALUE!						0	#VALUE!						
2	DD/MM/YYYY	#VALUE!						0	#VALUE!						
3	DD/MM/YYYY	#VALUE!						0	#VALUE!						
4	DD/MM/YYYY	#VALUE!						0	#VALUE!						
5	DD/MM/YYYY	#VALUE!						0	#VALUE!						
6	DD/MM/YYYY	#VALUE!						0	#VALUE!						
7	DD/MM/YYYY	#VALUE!						0	#VALUE!						

Leadership Patient Safety Walk round (LPSWR)

Contributory Factors*

*The Contributory Factors are based on Vincent Framework

Contributory Factors	Examples
Regulations & Liability	Insufficient priority given by regulators to safety issues; Legal pressures against open discussion, preventing the opportunity to learn from adverse events
Organisation & Management - Financial Resources & Constraints	Lack of budget
Organisation & Management - Policy Standards & Goals	Policies leading to inadequate staffing levels
Team - Leadership, Working Culture, Safety	Lack of awareness of safety issues on the part of senior management; Poor supervision of junior staff; Unwillingness of junior staff to seek assistance
Work Environment - Staffing & Workload	Heavy workloads leading to fatigue; Inadequate administrative support leading to reduced time with patients
Work Environment - Infrastructure, Facilities, Equipment & Engineering	Limited access to essential equipment; Inadequate maintenance of equipment
Work Processes & Protocols	Lack of clear protocols and guidelines
Communication	Poor communication among different professions; Language barriers between patients and caregivers
Individual Staff Member - Knowledge & Skills	Lack of knowledge or experience
Individual Staff Member - Motivation & Attitude	Poor working ethics or attitude
Individual Staff Member - Physical & Mental Health	Long-term fatigue and stress
Patient - Personality & Social Factors	Distress
Procedural/Surgical Safety	Unavailability of test results or delay in obtaining them; Lapse in surgical procedure leading to patient harm
Medication Safety	Error in prescription/typing/administration/packing

*The Contributory Factors are based on Vincent Framework (Refer below)

Leadership Patient Safety Walk round (LPSWR) Strength of Actions Taken

Action level	Description	Examples
Strong **(focused on system change)**	**The best at removing the dependence on the human to "get it right" (they are physical and permanent, rather than procedural and temporary).**	• Architectural/physical plant changes • New devices with usability testing before purchasing • Engineering control, interlock, forcing functions • Leadership/Culture Change (tangible involvement and action by leadership in support of patient safety) • Simplify the process and remove unnecessary steps • Standardize equipment, processes, protocols, Clinical Guidelines, order sets, coordination of care • High Reliability Training
Intermediate	**Reduce the reliance on the human to get it right, but do not fully control for human error.**	• Eliminate or substitute system/ device • Enhanced documentation/ communication • Redundancy • Software enhancements/ modifications • Increase in staffing/decrease in workload • Eliminate/reduce distractions • Checklist/cognitive aid • Eliminate look-and sound-alikes • Readback • Training with simulation
Weak **(reliance on memory/vigilance)**	**Support/clarify the process but rely solely on the human. These actions do not necessarily prevent the event/cause from occurring.**	• Double checks • Warnings and labels • New procedure/memorandum/ policy • Training • Additional study/analysis • Incentives • Supervision • Warning Indicators

RISK IMPACT

Severity in terms of	Extreme (5)	Major (4)	Moderate (3)	Minor (2)	Insignificant (1)
Workplace Health and Safety - Staff	• Death, fatal occupational disease or exposure, or multiple major injuries	• Serious injuries, serious occupational diseases or exposure (includes amputations, major fractures, multiple injuries, occupational cancers, diagnosed mental illnesses, acute poisoning, disabilities, and noise induced hearing loss)	• Injury or ill health (including mental well being) requiring medical treatment (includes lacerations, burns, sprains, minor fractures, psychosocial stress, dermatitis, and work related musculoskeletal disorders)	• Injury or ill health (including mental well being) requiring first aid only (includes minor cuts and bruises, irritation, ill health with temporary discomfort, fatigue)	• Negligible injury
Workplace Health and Safety - Public	• Death, fatal occupational disease or exposure, or multiple major injuries	• Serious injuries, serious occupational diseases or exposure (includes amputations, major fractures, multiple injuries, occupational cancers, diagnosed mental illnesses, acute poisoning, disabilities, and noise induced hearing loss)	• Injury or ill health (including mental well being) requiring medical treatment (includes lacerations, burns, sprains, minor fractures, psychosocial stress, dermatitis, and work related musculoskeletal disorders)	• Injury or ill health (including mental well being) requiring first aid only (includes minor cuts and bruises, irritation, ill health with temporary discomfort, fatigue)	• Negligible injury

RISK IMPACT

Severity in terms of	Extreme (5)	Major (4)	Moderate (3)	Minor (2)	Insignificant (1)
Patient Safety	• Patients with death, unrelated to the natural course of the illness & differing from the immediate expected outcome of the patient management or any of the following: (a) Procedures involving the wrong patient or body part (b) Suicide (c) Retained instruments or other material requiring surgical procedure (d) Intravascular gas embolism resulting in death or neurological damage (e) Haemolytic blood transfusion (f) Medication error effort leading to death (g) Maternal death or serious morbidity	• Patients with major permanent loss of function (sensory, motor, physiologic or intellectual) unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following: (a) Disfigurement (b) Surgical intervention required	• Patients with permanent lessening of bodily functioning (sensory, motor, physiologic or intellectual) unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following: (a) Increased length of stay (b) Additional operation or procedure	• Patients requiring increased level of care, including the following: (a) Review & evaluation (b) Additional investigation (c) Referral to another clinician	• Patients with no injury or increased level of care or length of stay • Will include near misses

RISK IMPACT

Severity in terms of	Extreme (5)	Major (4)	Moderate (3)	Minor (2)	Insignificant (1)
Environment	• Catastrophic impact on the environment (massive leakage of fuel, emission / spillage of environmental pollutants) • Regulatory non-compliance resulting in prosecution by authorities • Adverse publicity resulting in severe loss of confidence in SingHealth Corporate Office • Affects all of the critical service areas	• Major impact on the environment (hazardous waste, depletion of natural resources through high consumption of water / fuel / electricity) • Regulatory non-compliance identified and can be rectified within 6mths (emissions beyond regulated pH or temperatures) • Adverse publicity, can be reduced with careful handling • Affects most of the critical service areas	• Moderate impact on the environment (air pollution, global warming, ozone layer depletion) • Regulatory non-compliance identified and can be rectified • Potential for adverse publicity, avoidable with careful handling • Affects some of the critical service areas	• Minor impact on the environment (non-hazardous waste, depletion of products of natural resources through high consumption of paper, site contamination, land and water pollution) • Evidence of regulatory compliance • Minimal risk to public image • Affects only the non-critical service areas	• No impact on the environment • No regulatory requirement • No risk to public image • No impact on service
Financial	• Financial loss of [> 5% of prior year annual operating expenses] or a. Financial loss of [>SGD1,000,000] for Centre / Polyclinic b. Financial loss of [>SGD5,000,000] for Hospital / Headquarter	• Financial loss of [> 2% - 5% of prior year annual operating expenses] or a. Financial loss of [>SGD500,000 - SGD1,000,000] for Centre / Polyclinic b. Financial loss of [>SGD1,000,000 - SGD5,000,000] for Hospital / Headquarter	• Financial loss of [> 1% - 2% of prior year annual operating expenses] or a. Financial loss of [SGD200,000 - SGD500,000] for Centre / Polyclinic b. Financial loss of [SGD500,000 - SGD1,000,000] for Hospital / Headquarter	• Financial loss of [0.5% - 1% of prior year annual operating expenses] or a. Financial loss of [SGD100,000 - <SGD200,000] for Centre / Polyclinic b. Financial loss of [SGD200,000 - <SGD500,000] for Hospital / Headquarter	• Financial loss of [< 0.5% of prior year annual operating expenses] or a. Financial loss of [<SGD100,000] for Centre / Polyclinic b. Financial loss of [<SGD200,000] for Hospital / Headquarter

RISK IMPACT

Severity in terms of	Extreme (5)	Major (4)	Moderate (3)	Minor (2)	Insignificant (1)
Mission Critical System* Disruption (Unplanned) **IHiS managed IT systems*	Downtime > 3.6 hours	Downtime 2 to 3.6 hours	Downtime 44 to 120 minutes	Downtime 22 to 44 minutes	Downtime <22 minutes
Service Disruption	• Critical (widespread and prolonged) disruption • Complete loss of service • Prolonged (More than 24 hours) impact on the delivery of patient care or the ability to continue with critical and key support services	• Widespread but temporary disruptions • Major loss of service • Major (between 8 hours to 24 hours) impact on the delivery of patient care or the ability to continue with critical and key support services	• Isolated & prolonged disruptions • Some loss of service • Some (between 4 hours to 8 hours) impact on the delivery of patient care or the ability to continue with critical and key support services	• Isolated and temporary disruptions • Reduced efficiency • Short-term (less than 4 hours) impact on the delivery of patient care or the ability to continue with critical and key support services	• Insignificant interruption • No loss of service • Does not impact on the delivery of patient care or the ability to continue with critical and key support services
Information & IT Security - IT Security (System Breaches)	• Breach of security or virus attack resulting in suspension of services (>1 day)	• Breach of security or virus attack resulting in suspension of services (≤ 1 day)	• Breach of security or virus attack resulting in temporary disruption of services (2 to <4 hours)	• Breach of security or virus attack resulting in warnings	• Unsuccessful attempts to gain access to systems or data
Information & IT Security - Leakage or Corruption of Information / Data	• Unauthorised disclosure involving health information that could (a) lead to stigmatization or discrimination, or (b) warrants special protection by legislation and affecting more than/ equal to 100 individuals	• Unauthorised disclosure of personal data that is unlikely to give rise to discrimination or any other negative impact against a person and affecting more than/ equal to 100 individuals • Unauthorised disclosure involving health information that could (a) lead to stigmatization or discrimination, or (b) warrants special protection by legislation and affecting less than 100 individuals	• Unauthorised disclosure of personal data that is unlikely to give rise to discrimination or any other negative impact against a person and affecting less than 100 individuals • Calls for specific actions to notify affected individuals whose personal data have been compromised	• Administrative errors that can be recovered in time such that the data recipient is unlikely to make further data disclosure • Inconsequential data loss, such as loss of data protected by encryption and strong passwords in portable storage media	• Personal data loss that only involves business contact information • Inadvertent disclosures to other staff or other persons under obligation to confidentiality
Human Capital - Unplanned Loss of Staff (Key / Non-Key)	• Unplanned loss of [≥ 20% of key staff] and/or [≥ 25% of non-key staff] in a financial year, with no potential candidates for immediate replacement, impacting on the critical business functions	• Unplanned loss of [15% - 19% of key staff] and/or [20% - 24% of non-key staff] in a financial year, with no potential candidates for immediate replacement, impacting on the critical business functions	• Unplanned loss of [10% - 14% of key staff] and/or [15% - 19% of non-key staff] in a financial year, with no potential candidates for immediate replacement, impacting on the critical business functions	• Unplanned loss of [5% - 9% of key staff] and/or [10% - 14% of non-key staff] in a financial year, with no potential candidates for immediate replacement, impacting on the critical business functions	• Unplanned loss of [< 5% of key staff] and/or [< 10% of non-key staff] in a financial year, with no potential candidates for immediate replacement, with no impact on the critical business functions

RISK IMPACT

Severity in terms of	Extreme (5)	Major (4)	Moderate (3)	Minor (2)	Insignificant (1)
Reputation	• SingHealth Cluster's credibility and effectiveness called to question at the national level and beyond • Negative publicity or damage to reputation from a national perspective • Total loss of credibility and key stakeholders' confidence • Political intervention required	• Negative publicity in multiple media (including social media) • Damage to reputation from a healthcare industry perspective • Loss of credibility and key stakeholders' confidence • Widespread negative public discussions	• Unfavourable publicity in multiple media (including social media) • Damage to reputation from key stakeholders' perspective • Some public discussions and calls for specific actions	• Publicity on adverse event contained / Limited media exposure • Limited impact on credibility and key stakeholders' confidence	• No significant adverse publicity • No impact on credibility and key stakeholders' confidence
Accreditation and Licensing	• Loss of accreditation • Assigned large fines and debarment from a sponsoring or compliance agency	• Placed on probation by accrediting agency; subject to reviews • Assigned fines and penalties by a sponsoring or compliance agency	• Failure to meet one or more accreditation standards and in receipt of a letter of warning from the regional accrediting agency • Failure to meet one or more compliance requirement that might trigger a letter of warning from a sponsoring agency	• Weakness in meeting one or more accreditation standards of accrediting agency • Intermittent non-compliance with requirements of sponsoring agency	• Meeting all accreditation standards • Compliance with requirements of sponsoring agencies
Legal and Regulations	• Statutory punishment resulting in suspension / removal of license, prison term or criminal liability • Ministerial censure or direct intervention from authorities	• Sanction or penalty from regulatory body (e.g. fines)	• Formal warning from regulatory body	• Verbal warning by authorities	• No adverse legal and regulatory consequence

Likelihood

Likelihood	Description
Frequent (5)	• Expected to occur on a weekly basis or more frequently e.g. every other day • ≥75% chance of occurring within the 3 years horizon • Strong evidence to suggest the risk will occur or may occur repeatedly
Likely (4)	• Will probably occur in most circumstances like on a monthly basis or several times a year • Between 50% and 75% chance of occurring within the 3 years horizon • Some evidence to suggest expected occurrence
Possible (3)	• Might occur at some time every 1 to 2 years • Between 25% and 50% chance of occurring within the 3 years horizon • Has occurred before, and some indications to suggest possibility of re-occurrence
Unlikely (2)	• Could occur at some time in 2 to 5 years • Between 5% and 25% chance of occurring within the 3 years horizon • Conceivable but no indications or evidence to suggest occurrence under normal circumstances
Rare (1)	• May occur only during exceptional circumstances every 5 to 30 years • < 5% chance of occurring within the 3 years horizon • Remote and not expected to occur, conceivable only under extreme circumstances

Risk Rating

Risk Rating	Colour Code	Definition	Recommended Response	Recommended Timeline for LPWSR Issue Closure
16 or higher	Red	Very High Risk	• On going Senior Management oversight is required • Steps must be taken to lower risk level to as low as reasonably practicable • Risk should be continuously monitored & reviewed • Action plans and additional resources / controls should be implemented where possible and monitor regularly • A timetable for mitigation actions should be established • Data trending and monitoring	Within 3 month (90 days) or earlier as required / stipulated
15	Amber	High Risk		
8 or higher	Yellow	Medium Risk	• Senior management attention and follow-up actions as required • Adequacy of existing controls should be assessed to determine if further action or treatment is needed • A timetable for mitigation actions should be established • Data trending and monitoring • Improvement project may be undertaken	Within 6 months (180 Days) or earlier as required / stipulated
7 or lower	Green	Low Risk	• Continue to manage via existing controls and normal operating procedures • Data trending and monitoring • Report as per routine • Risk can be treated when resources are available i.e. a longer time frame for implementing mitigation actions may be allowed	Within 9 months (270 days) or earlier as required / stipulated

Good Findings from LPSWR

	Leadership Patient Safety Walk Rounds (LPSWR) - Good Finding			

Institutions are encouraged to list at least one good finding observed during the LPSWR.

No.	Date of LPSWR	FY Quarter	Area Visited	What went well
Eg :	08/04/2020	Q1	Clinic A	Staff were following hand hygiene practices during the observation
1	DD/MM/YYYY	#VALUE!		
2	DD/MM/YYYY	#VALUE!		
3	DD/MM/YYYY	#VALUE!		
4	DD/MM/YYYY	#VALUE!		
5	DD/MM/YYYY	#VALUE!		
6	DD/MM/YYYY	#VALUE!		
7	DD/MM/YYYY	#VALUE!		
8	DD/MM/YYYY	#VALUE!		
9	DD/MM/YYYY	#VALUE!		

Category 2 Serious Reportable Events (SREs) & Near-Misses

Category	Indicators	Q1	Q2	Q3	Q4	Total
Serious Reportable Events (SRE) & Near-Misses	3. Total Number of Serious Reportable Events (Categories Breakdown 3a-3g)					
	3a. Surgical or Invasive Procedure Adverse Events					
	3b. Product or Medical Device Adverse Events					
	3c. Patient Protection Adverse Events					
	3d. Environmental Adverse Events	(Data to be provided by SingHealth Office of Risk Services)				
	3e. Care Management Adverse Events					
	3f. Radiological Adverse Events					
	3g. Other Patient Safety Incidents					
	4. Total Number of Near- Misses Reported in Institution System	0	0	0	0	0
	4a. Number of Category A & B Near-Misses (Medication)					0
	4b. Number of Near-Misses (Others) Reported in Institution System					0

Category 3, 4 & 5 Audits, Training Programme, & Others

Category	Indicators	Q1	Q2	Q3	Q4	Total
Audit	5. Environmental Hygiene Index					#DIV/0!
	6. Hand Hygiene Compliance Rate					#DIV/0!
Training Programme	7. % of Staff Trained in TeamSPEAK™ or Equivalent Speak Up Programme					#VALUE!
	8. Number of Staff Trained in Root Cause Analysis					0
	9. Number of Structured Patient Safety Training Programmes Organised by Institution					0
Others	10. Number of Patient Safety Award					0
	11. Patient Safety Index					0
	12. Clinical Excellence (Safety)	(Data to be provided by IPSQ)				
	13. Total Number of Patient Safety Sharing	0	0	0	0	0
	13a. Number of Patient Safety Sharing through face-to-face session or video conference					0
	13b. Number of Patient Safety Sharing through publication					0

Summary

1. SingHealth institutions continue to adapt and display good patient safety engagement and with the resumption of more face-to-face events and programmes.

2. With the implementation of prioritization of cases, institutions are closing safety issues within the recommended timelines (90 days, 180 days and 270 days).

3. Most implemented actions by institutions remain as intermediate and strong.

4. Strong leadership support on patient safety shown through the engagement in High Reliability Organization Leadership Workshop, Ensure Safer System Baseline Assessment and Trainings, Change Management Trainings, large-scale initiatives with MOH and other Clusters.

5. IPSQ will continue to work with ORS to improve patient safety engagements to manage risk and target zero harm.

Thank You