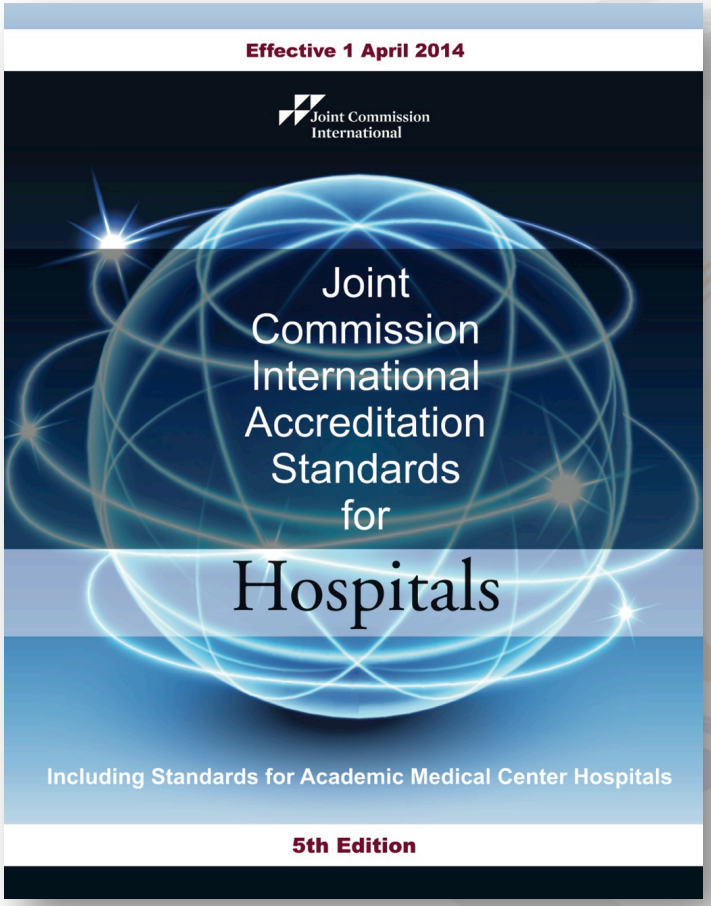
คุณภาพในทุกลมหายใจ

Enjoy Quality Every Moment

Patient Safety Indicator

นายแพทย์ สมพร คำผง
ประธานกรรมการบริหาร บริษัท เฮลธ์แคร์ เอ็กซเปิร์ท กรุ๊ป (ประเทศไทย)
ผู้เชี่ยวชาญด้านการรับรองมาตรฐานบริการสุขภาพสากล

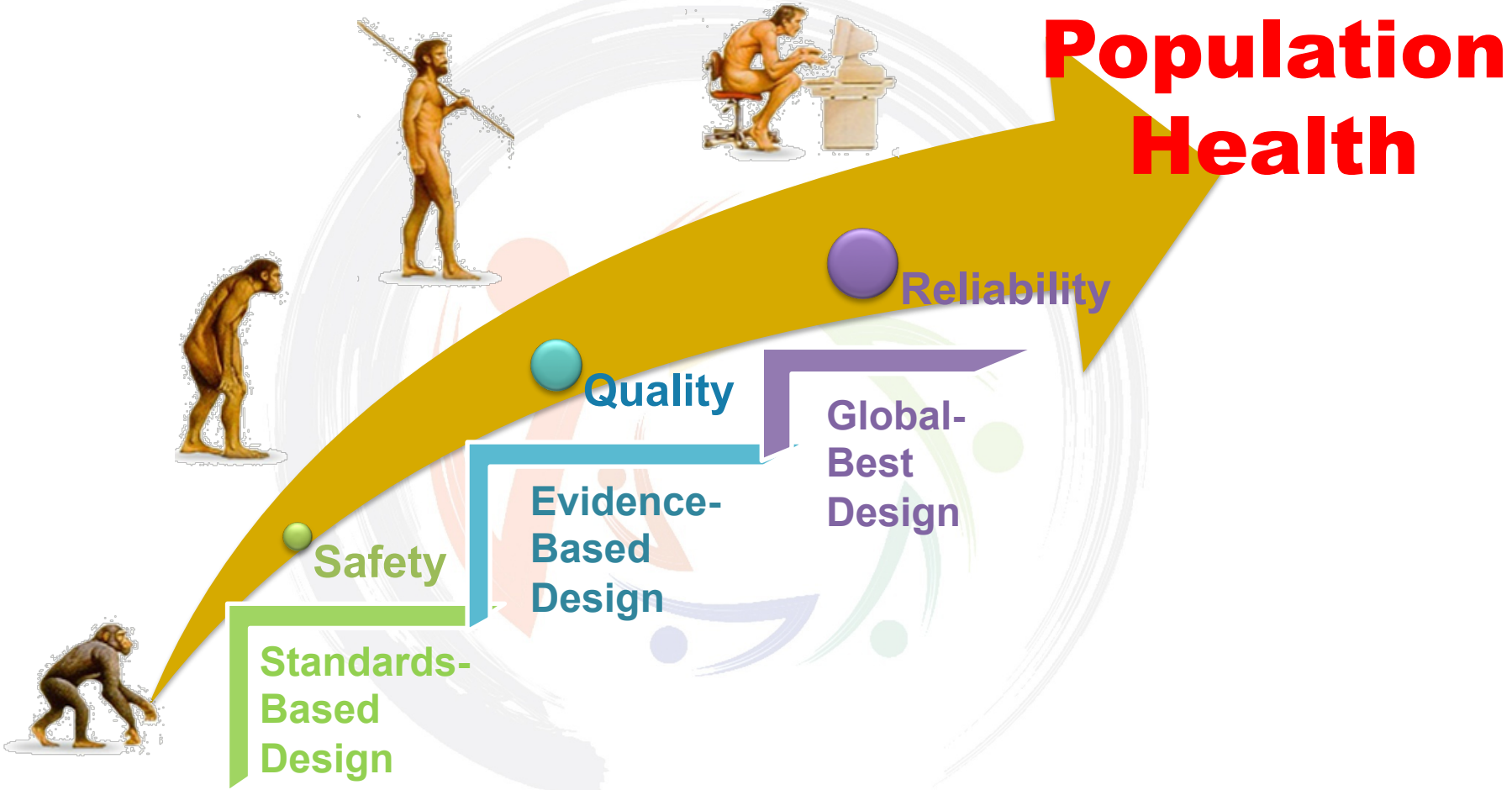
Data Use and Management



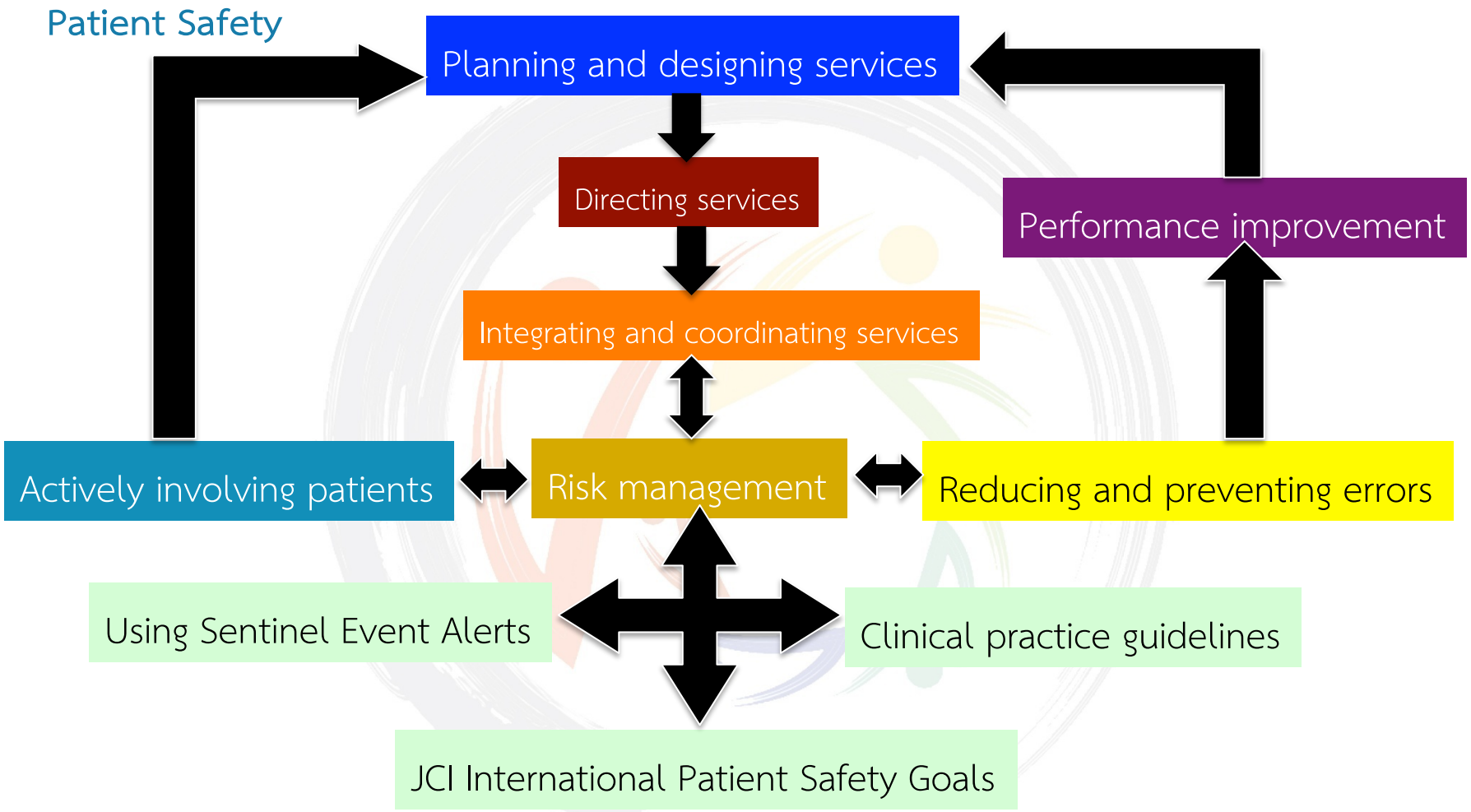
- การจัดอันดับความสำคัญในการเลือกตัวชี้วัด (GLD.5)
- ความน่าเชื่อถือได้ของข้อมูล (QPS.6)
- บทบาทของโปรแกรมคุณภาพที่เปลี่ยนไปในแนวทางการบูรณาการ และการประสานงานกันในทุกฝ่าย (QPS.2)
- การเปรียบเทียบข้อมูลทั้งภายใน และภายนอก และ การนำไปประเมินเจ้าหน้าที่ (GLD.11.1)
- การนำข้อมูลมาทำให้เกิดการดูแลอย่างมีมาตรฐาน (GLD.11.2)

Ref: 2015 – Singapore Accreditation Update by Joint Commission International

วิวัฒนาการของ Patient Safety



Systems-based approach



JCCAP Joint Commission Certified Accreditation Professional™

JCI Related Indicator

- IPSG.2.2,ME.3 - Hand Over Communication Effectiveness
- IPSG.5 - Hand Hygiene Compliance
- ACC.2.2.1, ME.4 - Patient Flow Effectiveness
- ACC.4.4 – OPD summary
- ACC.5.1, ME.4 – Quality and safety of the transfer process.
- ACC.6, ME.6 – Quality and safety of transportation
- PFR.3 – Patient Compliant Monitoring

JCI Related Indicator

- AOP.5.4, ME.2 - Timeliness of reporting of urgent/ emergency tests
- AOP.5.10.1 - Quality of the reference (contract) laboratory.
- AOP.6.4, ME.2 - Timeliness of reporting of urgent/ emergency studies
- COP.3, ME.5 - High-risk services Monitoring
- COP.7, ME.3 – Quality of the end-of-life care
- ASC.7.4, ME.3 - Medical device implants KPI

JCI Related Indicator

- MMU.3.2, ME.3 – Timely Replace of Emergency Medication
- MMU.4.1, ME.4 – Completeness & accuracy of medication orders
- MMU.7 – Medication effects & ADE
- MMU.7.1 – Medication Error & Near Miss.
- QPS.7 – Sentinel Event
- QPS.8 – Adverse Event
- QPS.9 – Near Miss

JCI Related Indicator

- PCI.6 & PCI.6.1 – VAP, CAUTI, CLBSI, SSI, MDRO, (RE) EMERGING
- PCI.10 - Epidemiologically important Measures
- GLD.5 – Hospital wide KPI (IPSG & QPS Program)
- GLD.6.1 – Contracted Services KPI
- GLD.6.2, ME.4 – KPI For Contracted Physician
- GLD.11 - Department/service KPI (Department Specific, ILOM, Subcontract)
- GLD.11.1 – Individual Staff KPI (SQE.8)
- GLD.11.2 – CPG KPI

JCI Related Indicator

- GLD.13.1, ME.4 – CULTURE OF SAFETY KPI
- FMS.10 – FMS PROGRAM KPI
- SQE.8.2 – STAFF HEALTH & SAFETY KPI
- SQE.11 – OPPE
- SQE.14.1 – NURSING KPI
- SQE.16.1 – OTHER STAFF KPI
- MOI.2 – Information Privacy, Confidentiality, Security, Integrity Compliance
- MOI.4 – Abbreviation & Symbol
- MOI.12 – Medical Record Completeness, Timeliness, Legibility

Level of Incidence

ระดับ A → เหตุการณ์ซึ่งมีโอกาสที่จะก่อให้เกิดความคลาดเคลื่อน
ระดับ B → ยังไม่ถึงผู้ป่วย

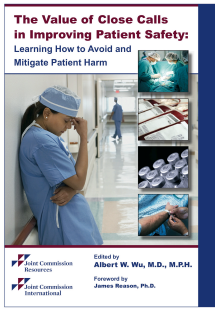
Close Call/Near Miss

ระดับ C → แต่ไม่ทำให้เกิดอันตราย
ระดับ D → ต้องมีการเฝ้าระวังเพื่อให้มั่นใจว่าไม่เกิดอันตรายต่อผู้ป่วย

No Harm Events

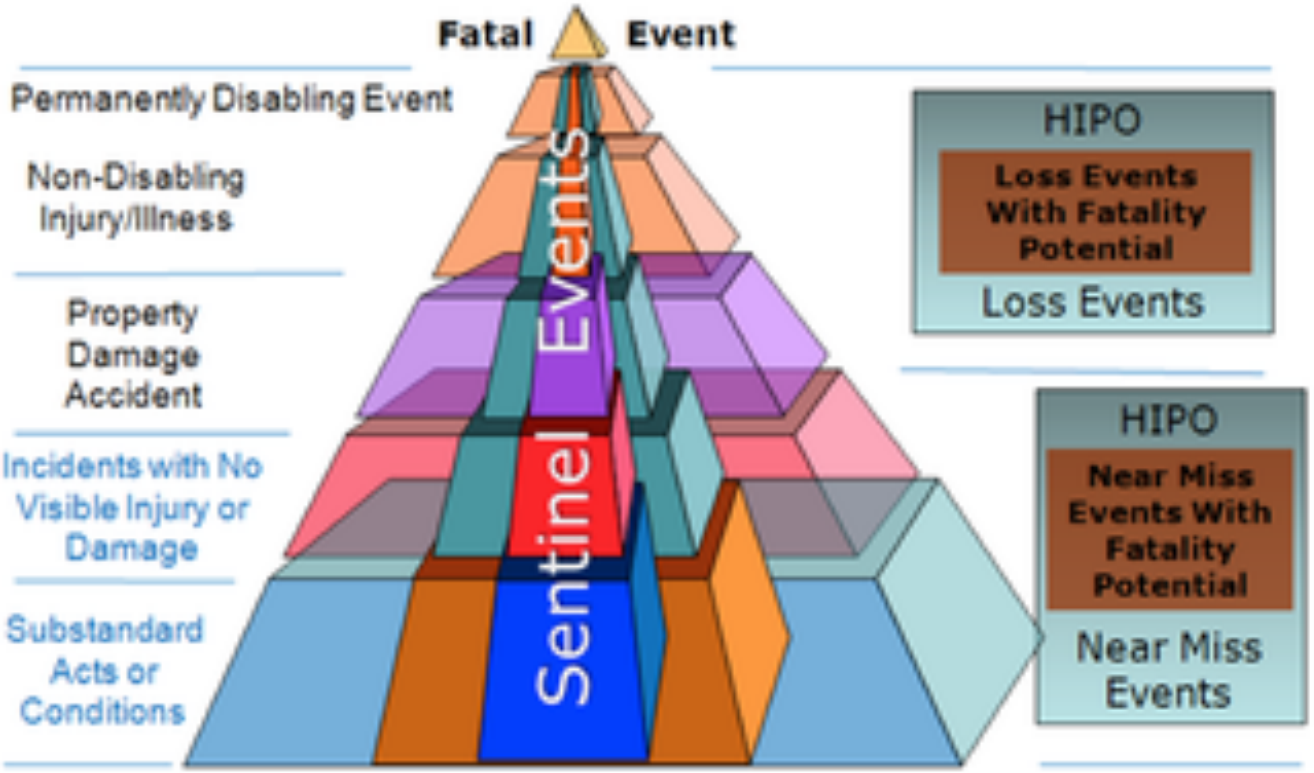
ระดับ E → เกิดอันตรายชั่วคราวและต้องมีการบำบัดรักษา
ระดับ F → เกิดอันตรายชั่วคราวและต้องนอนโรงพยาบาลหรืออยู่โรงพยาบาลนานขึ้น
ระดับ G → เกิดอันตรายถาวรแก่ผู้ป่วย
ระดับ H → ส่งผลให้ต้องทำการช่วยชีวิต
ระดับ I → เสียชีวิต

Adverse Events

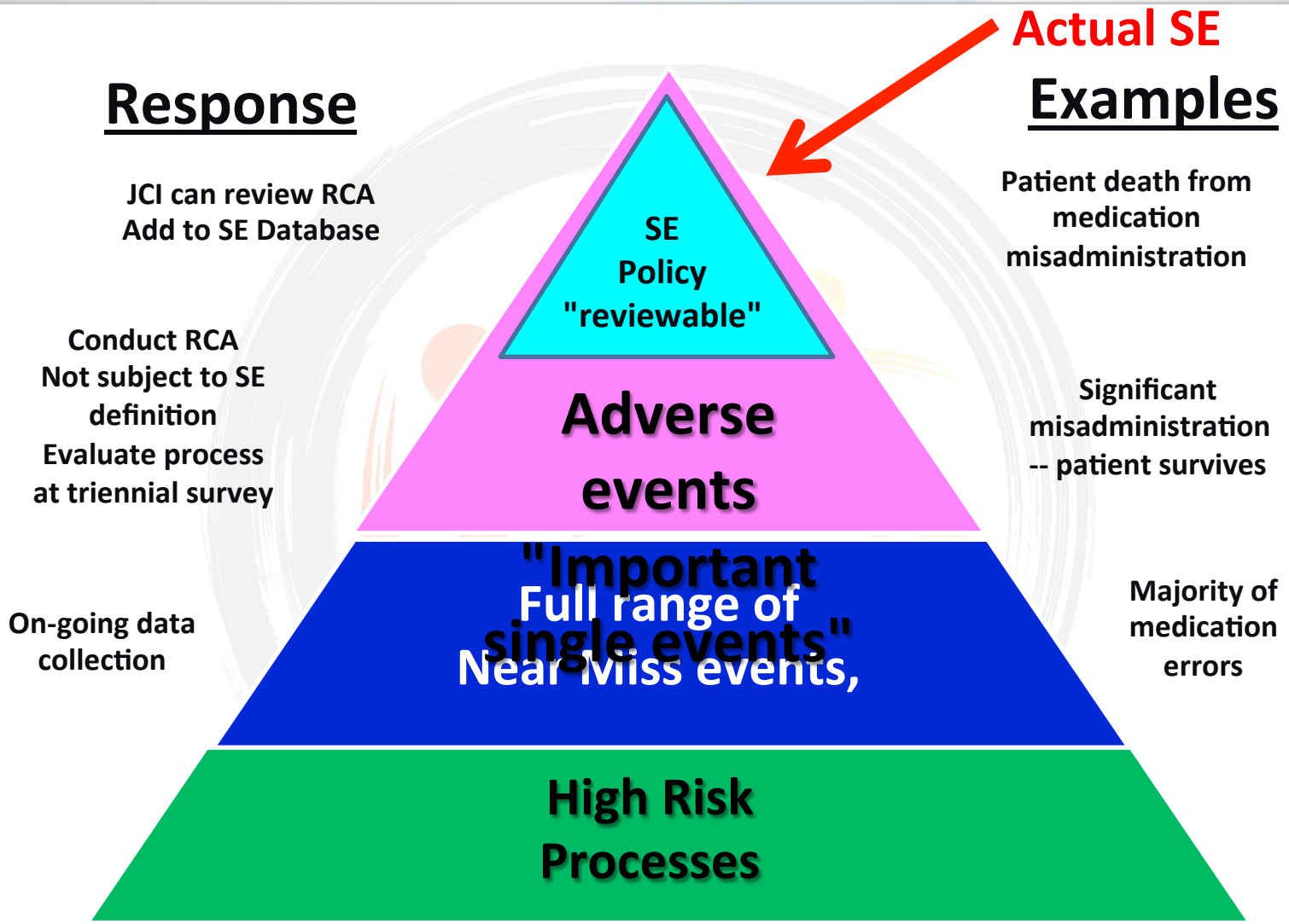


The Value of Close Calls in Improving Patient Safety: Learning How to Avoid and Mitigate Patient Harm© 2011 by The Joint Commission

Anatomy of Sentinel Event



Definitions



“เหตุการณ์พึงสังวร”

a) การเสียชีวิตที่ไม่อาจคาดการณ์ได้, ครอบคลุมแต่ไม่จำกัดเพียง
   - เสียชีวิตที่ไม่สัมพันธ์กับธรรมชาติของการเจ็บป่วยหรือภาวะพื้นฐาน (underlying condition) ของผู้ป่วย (ยกตัวอย่างเช่น, เสียชีวิตจากการติดเชื้อหลังผ่าตัดหรือภาวะลิ่มเลือดอุดกั้นที่ปอด (pulmonary embolism) ในโรงพยาบาล);
   - เสียชีวิตของทารกคลอดครบกำหนด; และ
   - ฆ่าตัวตาย;

b) การสูญเสียการทำงานของอวัยวะที่สำคัญอย่างถาวรที่ไม่สัมพันธ์กับธรรมชาติของการเจ็บป่วยหรือภาวะพื้นฐาน (underlying condition) ของผู้ป่วย; และ

c) การผ่าตัดผิดตำแหน่ง, ผิดหัตถการ, ผิดตัวผู้ป่วย;

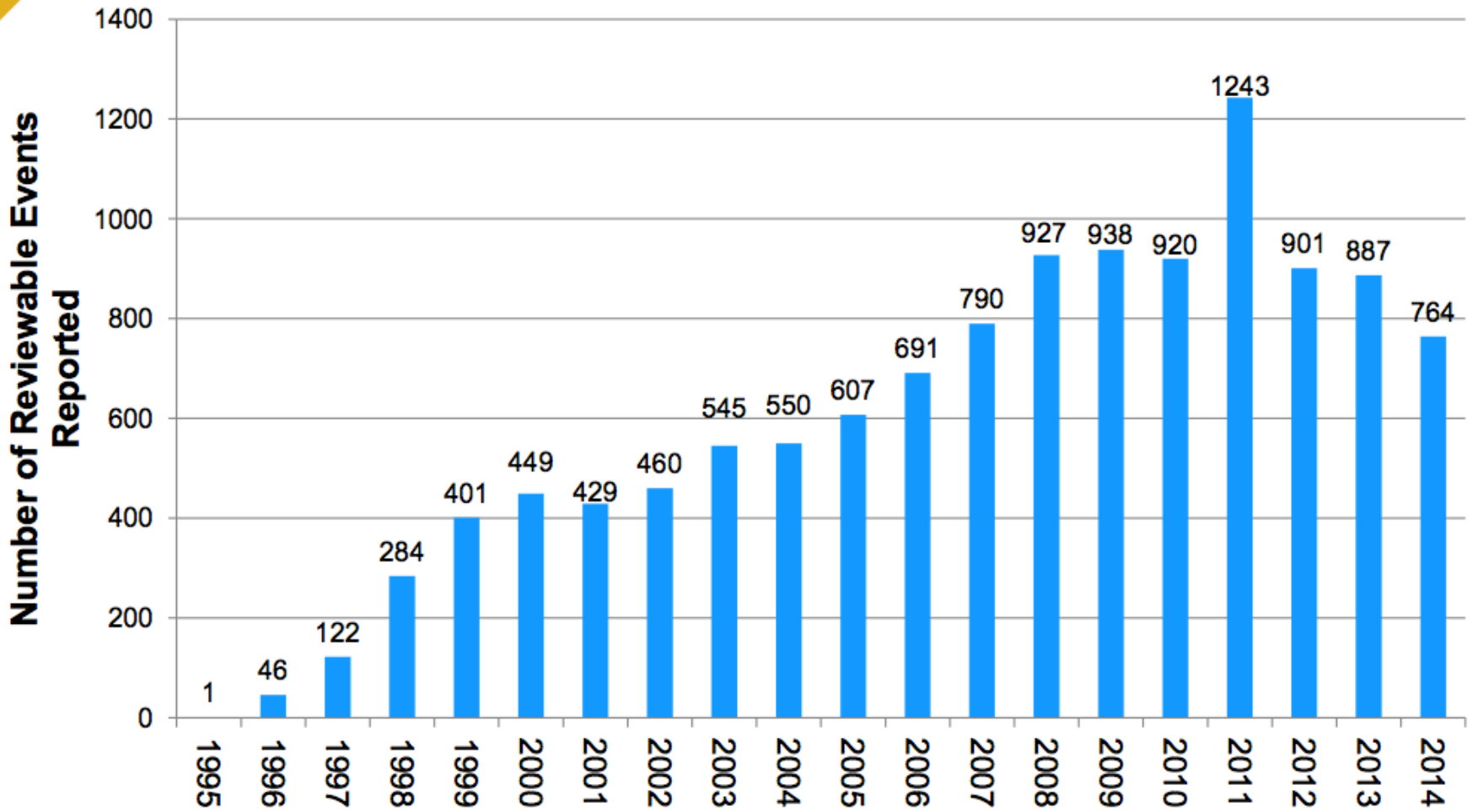
d) การถ่ายทอดโรคหรือการเจ็บป่วยเรื้อรังหรือรุนแรงถึงขั้นเสียชีวิตอันเป็นผลมาจากการให้เลือดหรือผลิตภัณฑ์ของเลือด หรือ การปลูกถ่ายอวัยวะหรือเนื้อเยื่อที่ปนเปื้อน;

e) การลักพาตัวทารกหรือทารกที่ส่งกลับบ้านให้แก่ผู้ปกครองผิด; และ

f) การข่มขืน, ความรุนแรงในสถานที่ทำงาน เช่น การทารุณกรรม (นำไปสู่การเสียชีวิตหรือสูญเสียการทำงานถาวร); หรือ การถูกฆาตกรรม (เจตนาฆ่า) ของผู้ป่วย, บุคลากร, ผู้ประกอบวิชาชีพ, นักเรียนแพทย์, ผู้ฝึกงาน, ผู้มาเยือน, หรือ ผู้ขาย ขณะที่อยู่ภายในพื้นที่กรรมสิทธิ์ของโรงพยาบาล. (ดู SQE.8.2 ร่วมด้วย)

Source : JCI Accreditation Standards for Hospitals, 5th Edition, Oakbrook Terrace, Illinois,US

Total Reported Reviewable Sentinel Events by Year 1995 through 2014



The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Most Frequently Reviewed Sentinel Event Categories by Year

2012	2013	2014
Unintended Retention of a Foreign Body	Delay In Treatment	Unintended Retention of a Foreign Body
Wrong-patient, wrong-site, wrong-procedure	Wrong-patient, wrong-site, wrong-procedure	Fall
Delay In Treatment	Unintended Retention of a Foreign Body	Suicide
Suicide	Suicide	Other Unanticipated Event*
Op/Post-op Complication	Fall	Delay In Treatment
Fall	Other Unanticipated Event*	Wrong-patient, wrong-site, wrong-procedure
Other Unanticipated Event*	Op/Post-op Complication	Op/Post-op Complication
Criminal Event	Criminal Event	Criminal Event
Medication Error	Medication Error	Perinatal Death/Injury
Perinatal Death/Injury	Perinatal Death/Injury	Medication Error

*Other includes: Unexpected Additional Care/Extended Care, and Psychological Impact

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Most Frequently Identified Root Causes of Sentinel Events Reviewed by The Joint Commission by Year

The majority of events have multiple root causes
(Please refer to subcategories listed on slides 5-7)

2012 (N=901)		2013 (N=887)		2014 (N=764)	
Human Factors	614	Human Factors	635	Human Factors	547
Leadership	557	Communication	563	Leadership	517
Communication	532	Leadership	547	Communication	489
Assessment	482	Assessment	505	Assessment	392
Information Management	203	Information Management	155	Physical Environment	115
Physical Environment	150	Physical Environment	138	Information Management	72
Continuum of Care	95	Care Planning	103	Care Planning	72
Operative Care	93	Continuum of Care	97	Health information technology-related	59
Medication Use	91	Medication Use	77	Operative Care	58
Care Planning	81	Operative Care	76	Continuum of Care	57

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

Sentinel Event Alert

- #1: “Potassium Chloride” February 1998
- #6: “Wrong-Site Surgery" August 1998
- #7: "Inpatient Suicides: Recommendations for Prevention” November 1998
- #8: "Preventing Restraint Deaths" November 1998
- #9: "Infant Abductions" April 1999
- #10: “Preventing Future Occurrences" August 1999
- #11: "High -alert meds" November1999
- #12: "Operative and Post- Operative Complications" February 2000
- #14: "Fatal Falls-Lessons for the Future" July 2000
- #15: "Infusion Pumps" November 2000
- #16: "Mix -up leads to a Med Error" February 2001
- #17: "Fires in the Home Care Setting" March 2001
- #18: "Kernicterus Threatens Health of Infants” April 2001
- #19: “Look-alike/sound-alike" May 2001
- #20: “Exposure to Creutzfeldt-Jakob Disease” June 2001
- #21: "Medical Gas Mix-ups" July 2001
- #22: "Preventing Needle Stick & Sharp Injuries" August 2001

Sentinel Event Alert

Sentinel Event Alert

- #23: "Abbreviations" September 2001
- #25: "Preventing Ventilator Deaths & Injuries" February 2002
- #26: "Delay in Treatment" June 2002
- #27: "Bed rail-related entrapment deaths" September 2002
- #28: "Infection Control Related Sentinel Events" January 2003
- #29: "Preventing Surgical Fires" June 2003
- #30: "Preventing Infant Death & Injury in Delivery" July 2004
- #31: "Revised Guidelines to Help Prevent Kernicterus" August 2004
- #32: "Anesthesia Awareness" October 2004
- #33: "Patient controlled analgesia by proxy" December 2004
- #34: "Preventing vincristine administration errors" July 2005
- #35: "Medication reconciliation" January 2006
- #36: "Tubing Misconnections" April 2006
- #37: "Preventing adverse events caused by emergency electrical power system failures" September 2006
- #38: "MRI" February 2008
- #39: "Pediatric med Errors" April 2008

Sentinel Event Alert

Sentinel Event Alert

- #40: “Behaviors that undermine a culture of safety” July 2008
- #41: "Anticoagulants" September 2008
- #42:” Safely implementing health information and converging technologies” December 2008
- #43: “Leadership committed to safety” August 2009
- #44: "Preventing Maternal Death” January 2010
- #45: "Preventing Violence in Healthcare Settings" June 2010
- #46: "A Follow-Up Report on Preventing Suicide" November 2010
- #47: “Radiation risks of diagnostic imaging” September 2011
- #48: “Health care worker fatigue and patient safety” December 2011
- #49: “Safe use of opioids in hospitals” August 2012
- #50: “Medical device alarm safety in hospitals” April 2013
- #51: “Preventing unintended retained foreign objects” October 2013
- #52: “Preventing infection from the misuse of vials” June 2014
- #53: “Managing risk during transition to new ISO tubing connector standards” August 2014
- #54 : “Safe use of health information technology” MARCH 2015

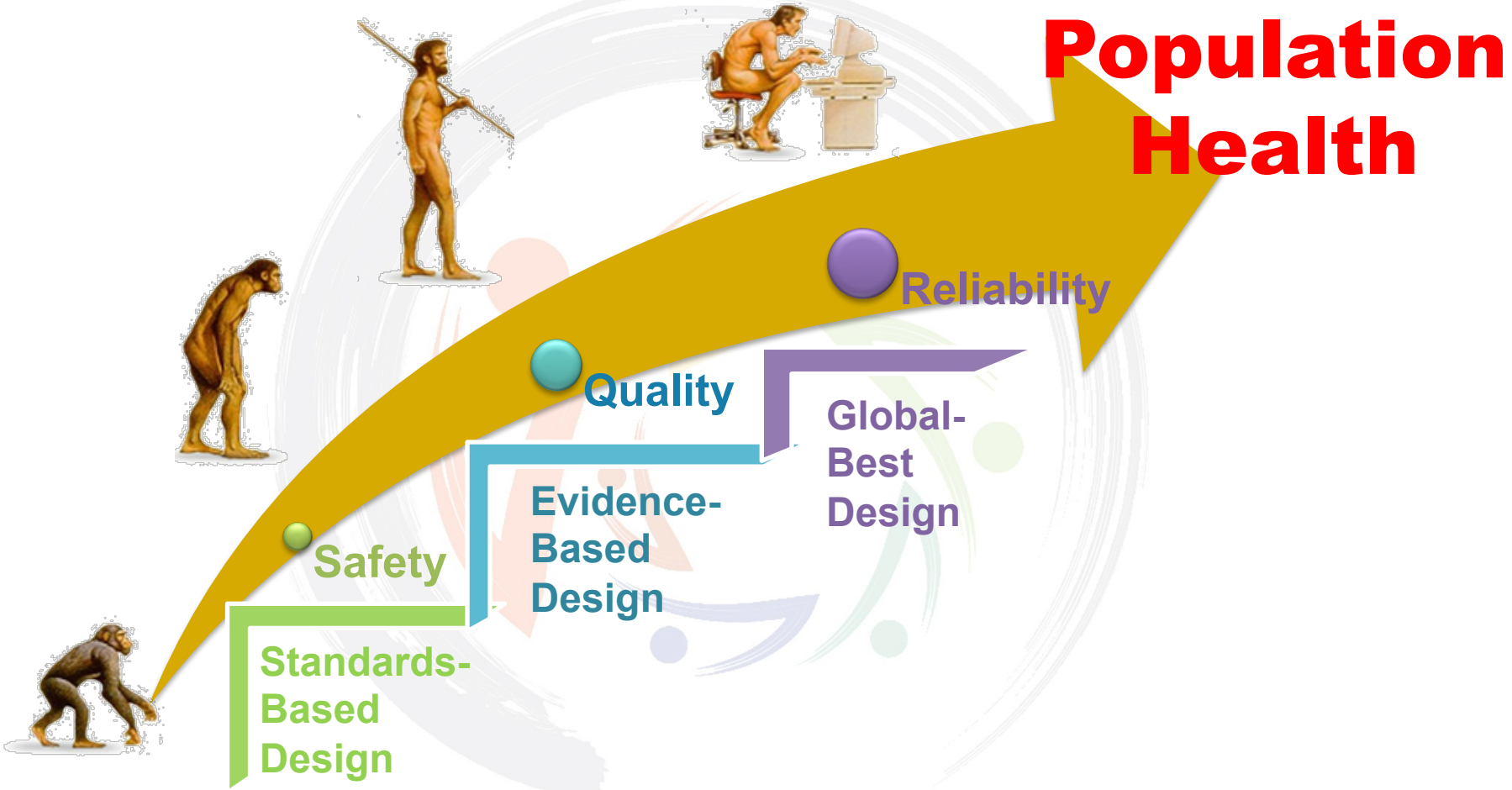
Sentinel Event Alert

เหตุการณ์ไม่พึงประสงค์ (QPS.8)

- มีการวิเคราะห์ข้อมูลในเหตุการณ์ต่อไปนี้ :
  - a) ปฏิกิริยาจากการให้เลือดที่ได้รับการยืนยันทั้งหมด, ถ้าประยุกต์ได้กับองค์กร
  - b) เหตุการณ์ไม่พึงประสงค์จากยาที่รุนแรงทั้งหมด, ถ้าประยุกต์ได้และถูกกำหนดโดยองค์กร
  - c) ความคลาดเคลื่อนทางยาที่สำคัญ, ถ้าประยุกต์ได้และถูกกำหนดโดยองค์กร
  - d) ความแตกต่างที่สำคัญระหว่างการวินิจฉัยโรคก่อนและหลังผ่าตัด
  - e) เหตุการณ์ที่ไม่พึงประสงค์หรือแบบแผนของเหตุการณ์ที่ไม่พึงประสงค์จากการทำให้สงบระดับกลางหรือระดับลึก และการระงับความรู้สึก.
  - f) เหตุการณ์อื่น ๆ เช่น การระบาดของโรคติดเชื้อ.

Source : 2014 JCI Accreditation Standards for Hospitals, 5th Edition, Oakbrook Terrace, Illinois,US

วิวัฒนาการของ Patient Safety



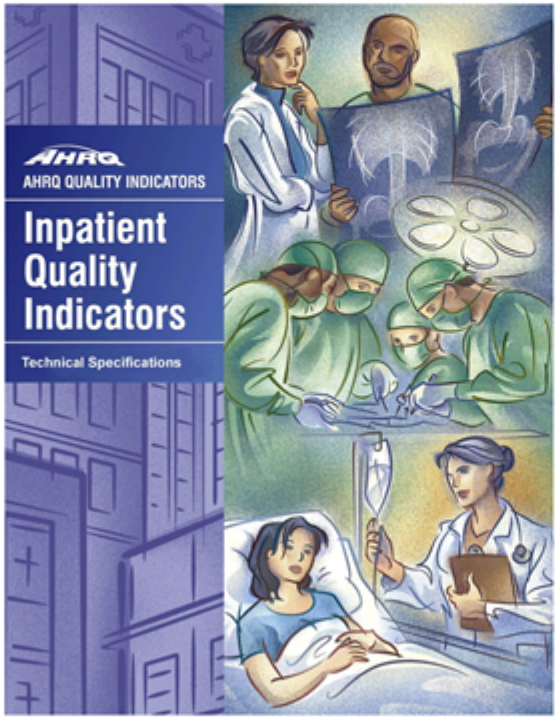
ห้องสมุดตัววัดของ JCI

Joint Commission International

Library of Measures

ห้องสมุดตัววัดของ JCI

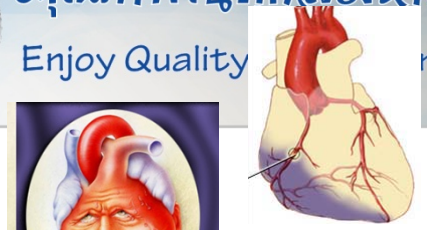
- พัฒนาขึ้นโดยอาศัยหลักฐานทางวิทยาศาสตร์ของตัววัดการดูแลทางคลินิกผู้ป่วยในจากโรงพยาบาลที่เป็นที่ยอมรับที่รู้จักในนามตัววัดคุณภาพผู้ป่วยในโรงพยาบาลระดับชาติ,สหรัฐอเมริกา (National Hospital Inpatient Quality Measures, USA.)
- ห้องสมุดประกอบด้วย 10 กลุ่มโรคที่จำเพาะต่อประชากรที่มีการระบุด้วยชุดตัววัด.
- แต่ละชุดตัววัดประกอบด้วยอย่างน้อย 2 ถึง 8 ตัววัดกระบวนการและ/หรือผลลัพธ์.

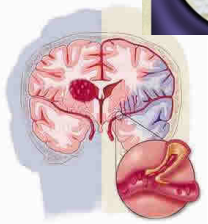


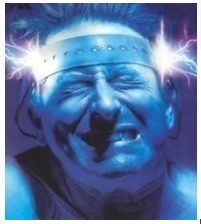
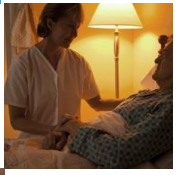
http://www.qualitymeasures.ahrq.gov/browse/by-organization-indiv.aspx?objid=25813

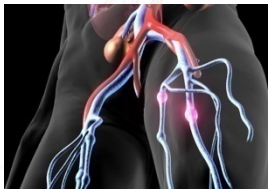
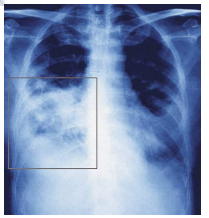
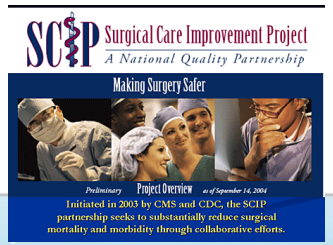
10 ชุดตัววัด (Measure Set)

- ภาวะกล้ามเนื้อหัวใจตายเฉียบพลัน (AMI)
- ภาวะหัวใจวาย (HF)
- โรคหลอดเลือดสมอง (STK)
- การดูแลโรคหอบหืดในเด็ก (CAC)
- บริการผู้ป่วยในจิดเวชที่รับไว้ในโรงพยาบาล (H
- การดูแลทางการพยาบาลที่อ่อนไหว (NSC)
- การดูแลปริกำเนิด (PC)
- โรคปอดบวม (PN)
- แผนการพัฒนาการดูแลทางศัลยกรรม (SCIP)
- ภาวะลิ่มเลือดอุดตันในหลอดเลือดดำ (VTE)





jointcommissioninternational.org

Please refer to the table below for the Library of Measure requirement details:

Current Requirements	Accreditation Participation Requirement (APR).7 Library of Measures	Applicable to:	Start date/effective date
Minimum number of selected measures	The hospital's *leadership selects five measures* from the Library of Measures that are applicable to the organization's patient population and clinical service areas.	Initial, Triennial, and Focused Surveys	**Retired 1 July 2015**
Minimum number of selected measures	The hospital's leadership may select one or up to 36 individual measure; and/or they may select one or up to 10 measure sets.	Initial, Triennial, and Focused Surveys	Starts 1 July 2015
Measure Selection	The hospital's leadership is *required to select measures aligned with their patient population clinical service areas*. **Hospitals are encouraged to select all measures provided within the specific patient population Measure Set.** Example: select all I-Acute Myocardial Infarction measures or all I-Perinatal Care measures	Initial, Triennial, and Focused Surveys	Starts with 1 July 2015 patient discharges
Specifications and supporting resources used to develop measurement plan and	The hospital applies the *current Library of Measure Specifications, version 2.0* and supporting data collection resources as indicated on the *Library of Measures* web page in the development of the organization's measurement plan and implementation process. **NOTE:** JCI accredited and central-office approved applicant	Initial, Triennial, and Focused Surveys	1 January, 2013 - continued

คุณภาพในทุกลมหายใจ

Enjoy Quality Every Moment

Accountability Measure

คุณภาพในทุกลมหายใจ

Enjoy Quality Every Moment

Clinical
Care
Program
Certification
(CCPC)

3rd Edition UPDATE

โปรแกรมการรับรองการดูแลทางคลินิก

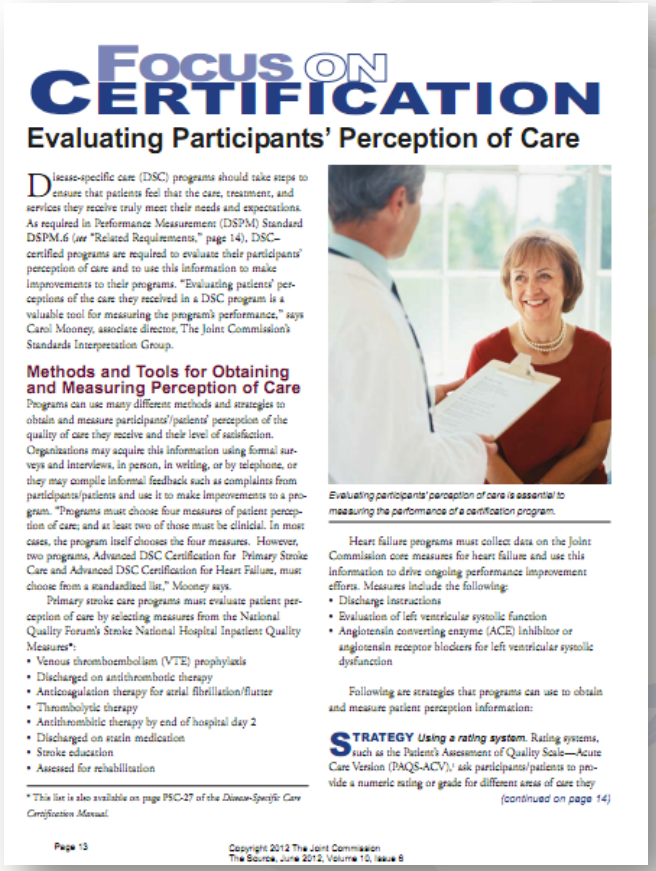
1. ภาวะหัวใจวาย
2. ภาวะกล้ามเนื้อหัวใจตายเฉียบพลัน
3. โรคหลอดเลือดสมอง
4. โรคเบาหวาน (ประเภท 1 และ/หรือ 2)
5. โรคไตเรื้อรัง (ระยะที่ I ถึง IV)
6. โรคไตระยะสุดท้าย
7. การดูแลบรรเทาอาการ (ทุกประเภท)
8. ภาวะบาดเจ็บสมองจากอุบัติเหตุ
9. การจัดการโรค HIV/ AIDS
10. โรคมะเร็ง (ทุกประเภท)
11. การจัดการความเจ็บปวด
12. โรคหอบหืด
13. การเปลี่ยนข้อ (ทุกชนิด)
14. การปลูกถ่าย (ทุกชนิด)
15. โรคปอดอุดกั้นเรื้อรัง (COPD)

Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures

FOCUS ON CERTIFICATION

Evaluating Participants' Perception of Care



FOCUS ON CERTIFICATION

Evaluating Participants' Perception of Care

Disease-specific care (DSC) programs should take steps to ensure that patients feel that the care, treatment, and services they receive truly meet their needs and expectations. As required in Performance Measurement (DSPM) Standard DSPM.6 (*see* "Related Requirements," page 14), DSC–certified programs are required to evaluate their participants' perception of care and to use this information to make improvements to their programs. "Evaluating patients' perceptions of the care they received in a DSC program is a valuable tool for measuring the program's performance," says Carol Mooney, associate director, The Joint Commission's Standards Interpretation Group.

Methods and Tools for Obtaining and Measuring Perception of Care

Programs can use many different methods and strategies to obtain and measure participants'/patients' perception of the quality of care they receive and their level of satisfaction. Organizations may acquire this information using formal surveys and interviews, in person, in writing, or by telephone, or they may compile informal feedback such as complaints from participants/patients and use it to make improvements to a program. "Programs must choose four measures of patient perception of care; and at least two of those must be clinical. In most cases, the program itself chooses the four measures. However, two programs, Advanced DSC Certification for Primary Stroke Care and Advanced DSC Certification for Heart Failure, must choose from a standardized list," Mooney says.

Primary stroke care programs must evaluate patient perception of care by selecting measures from the National Quality Forum's Stroke National Hospital Inpatient Quality Measures*:

- Venous thromboembolism (VTE) prophylaxis
- Discharged on antithrombotic therapy
- Anticoagulation therapy for atrial fibrillation/flutter
- Thrombolytic therapy
- Antithrombotic therapy by end of hospital day 2
- Discharged on statin medication
- Stroke education
- Assessed for rehabilitation

* This list is also available on page PSC-27 of the *Disease-Specific Care Certification Manual*.

Evaluating participants' perception of care is essential to measuring the performance of a certification program.

Heart failure programs must collect data on the Joint Commission core measures for heart failure and use this information to drive ongoing performance improvement efforts. Measures include the following:

- Discharge instructions
- Evaluation of left ventricular systolic function
- Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blockers for left ventricular systolic dysfunction

Following are strategies that programs can use to obtain and measure patient perception information:

STRATEGY ***Using a rating system.*** Rating systems, such as the Patient's Assessment of Quality Scale—Acute Care Version (PAQS-ACV),[1] ask participants/patients to provide a numeric rating or grade for different areas of care they

(continued on page 14)

The Source, June 2012, Volume 10, Issue 6
P.13-14

STRATEGY

- Using a rating system.
  - Patient's Assessment of Quality Scale—Acute Care Version (PAQS-ACV),1 ask participants/patients to pro-vide a numeric rating or grade for different areas of care they receive.
  - The PAQS-ACV, in particular, provides a mechanism for patients to meaningfully evaluate the nursing care they receive in an acute care setting.2
  - As opposed to using strictly narrative feedback, rating tools such as these allow organizations to efficiently compile results and assess their patients'/participants' satisfaction and perception of care.

http://www.hcahpsonline.org

HCAHPS
Hospital Care Quality Information from the Consumer Perspective

CAHPS® Hospital Survey

Survey Instruments

- Home
- Executive Insight
- What's New
- Facts
- Mode & Patient-Mix Adj
- Summary Analyses
- Exception/Discrepancy
- Approved Vendor List
- Quality Assurance
- Training Materials
- Technical Specifications
- Survey Instruments
- Contact Us/Links
- Sitemap

The PDF versions of the English and Spanish HCAHPS Survey Instruments are now available. The Russian, Chinese, and Vietnamese translated survey materials will be posted soon.

Mail Survey Materials.

Standard HCAHPS Survey

Click here to view Standard **English** survey materials.
Click here to view Standard **Spanish** survey materials.

Expanded HCAHPS Survey

Click here to view Standard **English** survey materials.
Click here to view Standard **Spanish** survey materials.

Telephone and Active IVR Scripts.

Standard HCAHPS Scripts

Click here to view **English** Telephone Script.
Click here to view **Spanish** Telephone Script.
Click here to view **English** Active Interactive Voice Response Script.

Expanded HCAHPS Scripts

Click here to view **English** Telephone Script.
Click here to view **Spanish** Telephone Script.

HCAHPS Survey

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer <u>all</u> the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☐ Yes
☑ No ➔ ***If No, Go to Question 1***

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.
Please note: Questions 1-25 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. **During this hospital stay, how often did nurses treat you with courtesy and respect?**

   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

2. **During this hospital stay, how often did nurses listen carefully to you?**

   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

3. **During this hospital stay, how often did nurses explain things in a way you could understand?**

   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

4. **During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?**

   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always
   9 ☐ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

6. During this hospital stay, how often did doctors listen carefully to you?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

[1] ☐ Yes
[2] ☐ No ➔ **If No, Go to Question 12**

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

THE HOSPITAL ENVIRONMENT

8. **During this hospital stay, how often were your room and bathroom kept clean?**

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

9. **During this hospital stay, how often was the area around your room quiet at night?**

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

14. **During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?**

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

medicine, how often did hospital staff describe possible side effects in a way you could understand?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

1 ☐ Own home
2 ☐ Someone else's home
3 ☐ Another health facility ➔ **If Another, Go to Question 21**

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

0 ☐ 0 Worst hospital possible
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10 Best hospital possible

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. **During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.**

- [1] ☐ Strongly disagree
- [2] ☐ Disagree
- [3] ☐ Agree
- [4] ☐ Strongly agree

24. **When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.**

- [1] ☐ Strongly disagree
- [2] ☐ Disagree
- [3] ☐ Agree
- [4] ☐ Strongly agree

☐ No

27. **In general, how would you rate your overall health?**

- [1] ☐ Excellent
- [2] ☐ Very good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

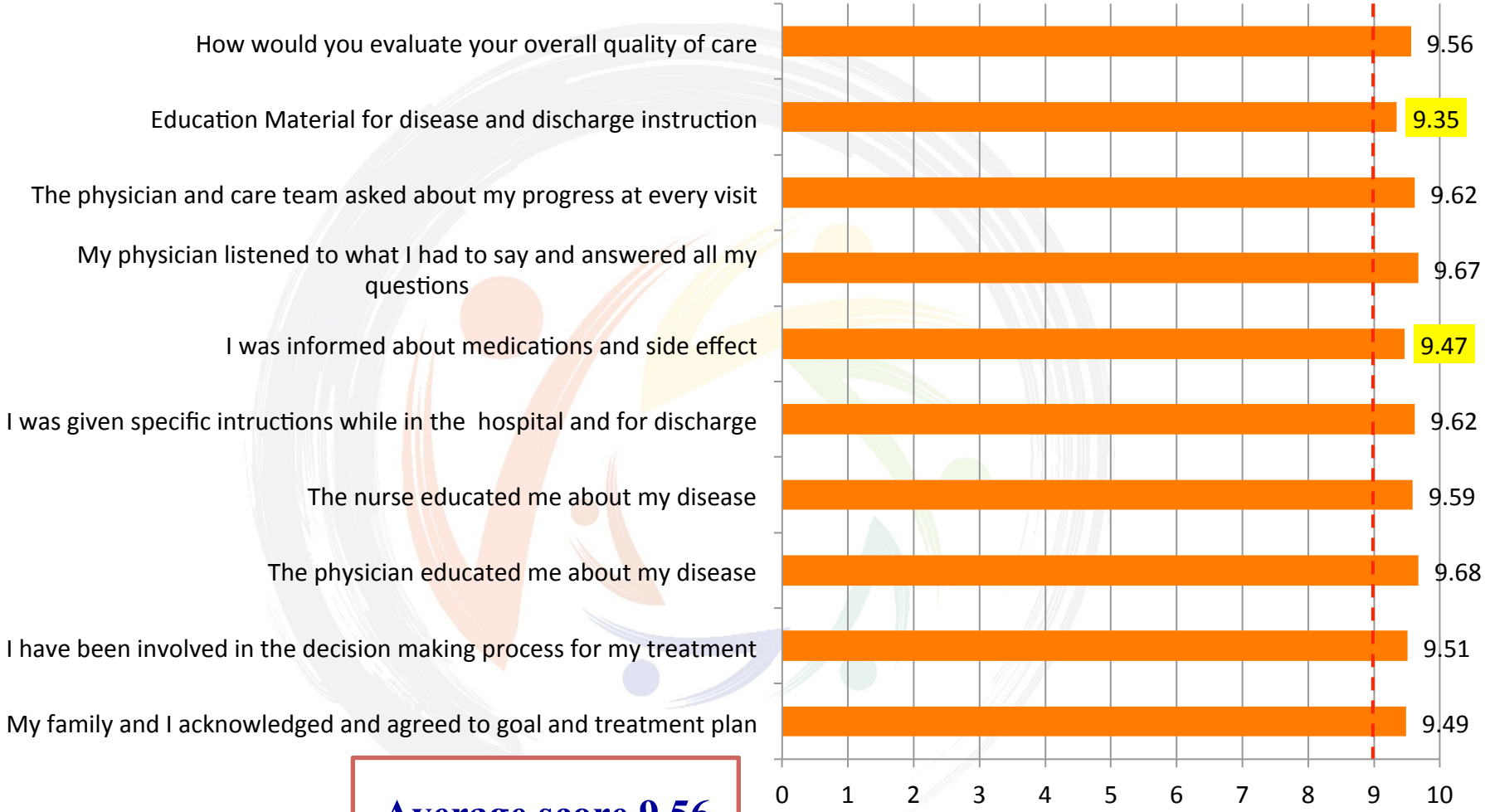
28. **In general, how would you rate your overall mental or emotional health?**

- [1] ☐ Excellent
- [2] ☐ Very good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

29. **What is the highest grade or level of school that you have completed?**

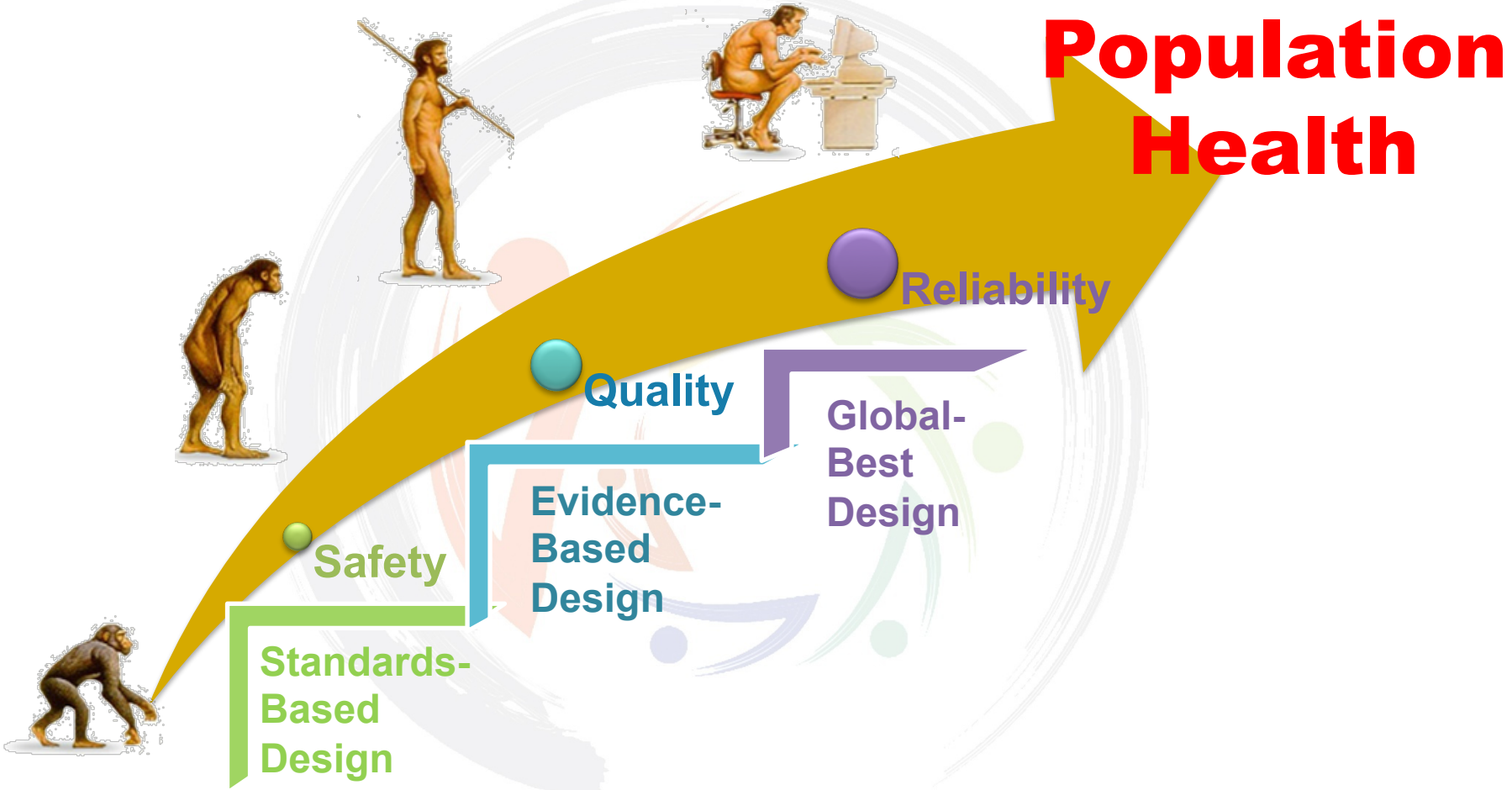
Patient perception Score
Satisfaction : self scoring

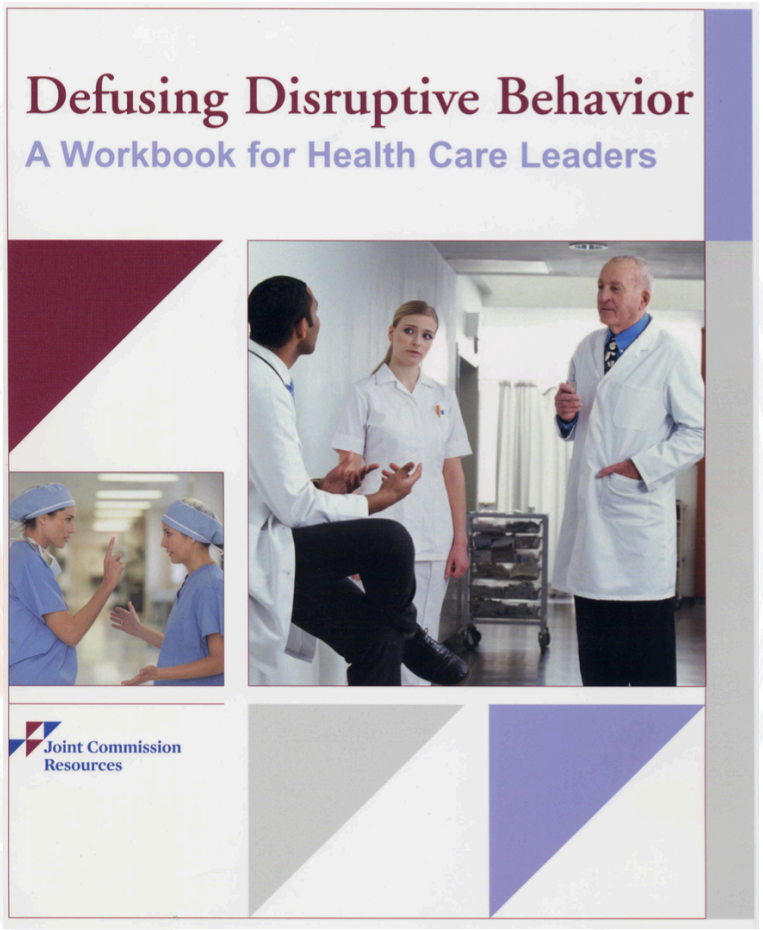
Target ≥ 9



Average score 9.56

วิวัฒนาการของ Patient Safety




Defusing Disruptive Behavior
A Workbook for Health Care Leaders
Joint Commission Resources

Sidebar 1-1
Signs of an Impaired Physician

Physical Appearance
- Personality or behavior changes
- Deterioration of hygiene or appearance
- Frequent or unusual accidents
- Multiple prescriptions

In the Office
- Frequent or unexplained absences
- Complains of excessive workload
- Inaccessible ("locked door syndrome")
- Excessive ordering of drugs or excessive personal drug use
- Complaints by patients or staff

In the Hospital
- Frequent trips to the restroom
- Frequently late, absent, or ill
- Desire to work alone or refusing work relief
- Lack of or inappropriate responses to pages or calls
- Decreasing quality of performance or patient care

In the Community
- Unreliability or neglect of commitments
- Isolation or withdrawal
- Unpredictable behavior
- Embarrassing behavior at social functions
- Arrest for DUI or other legal problems

Source: Thomas Wallace, M.D., J.D., M.B.A. Used with permission.

Table 1-1. Common Behaviors in Disruptive Staff

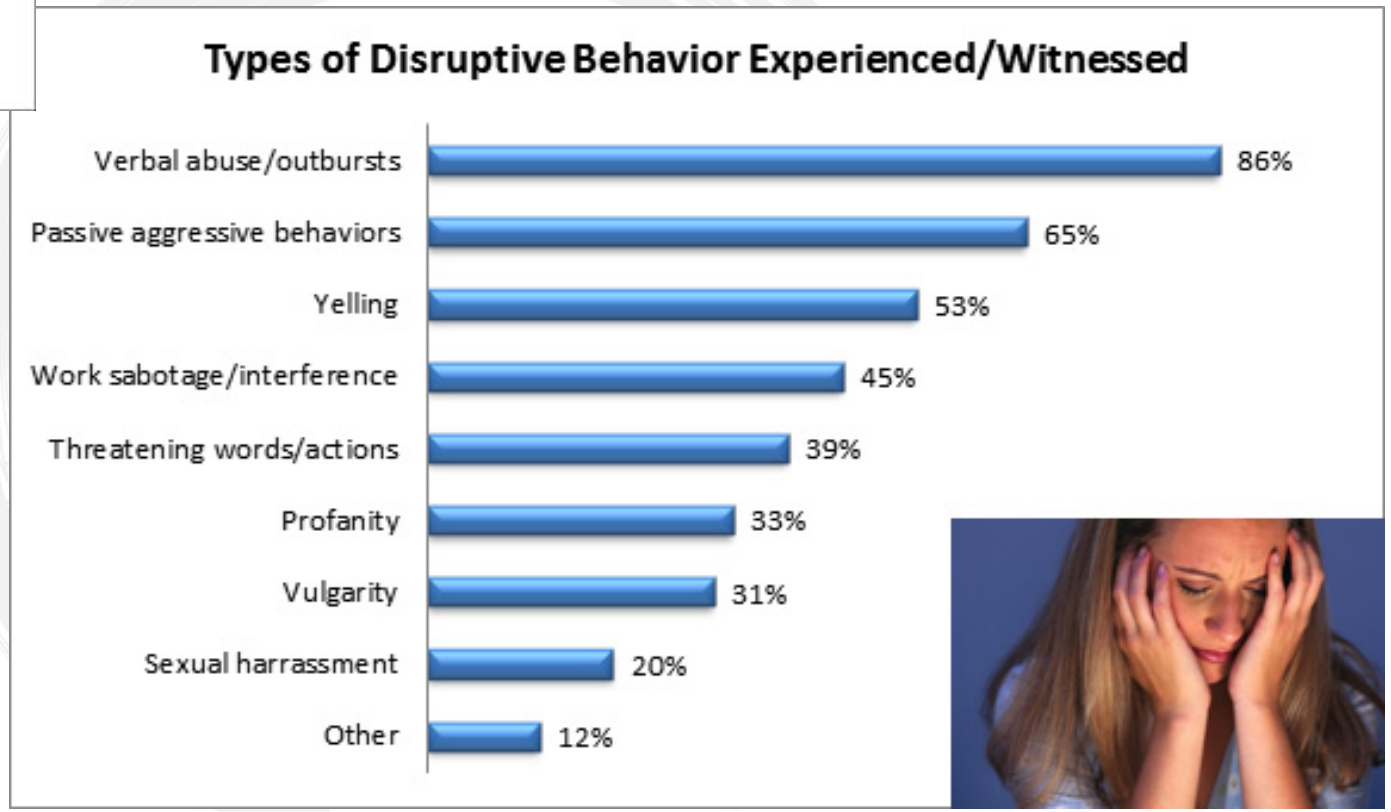
Inappropriate anger or resentment
- Intimidation
- Abusive language
- Blaming or shaming of others for possible adverse outcomes
- Sarcasm or cynicism
- Threats of violence, retribution, or litigation

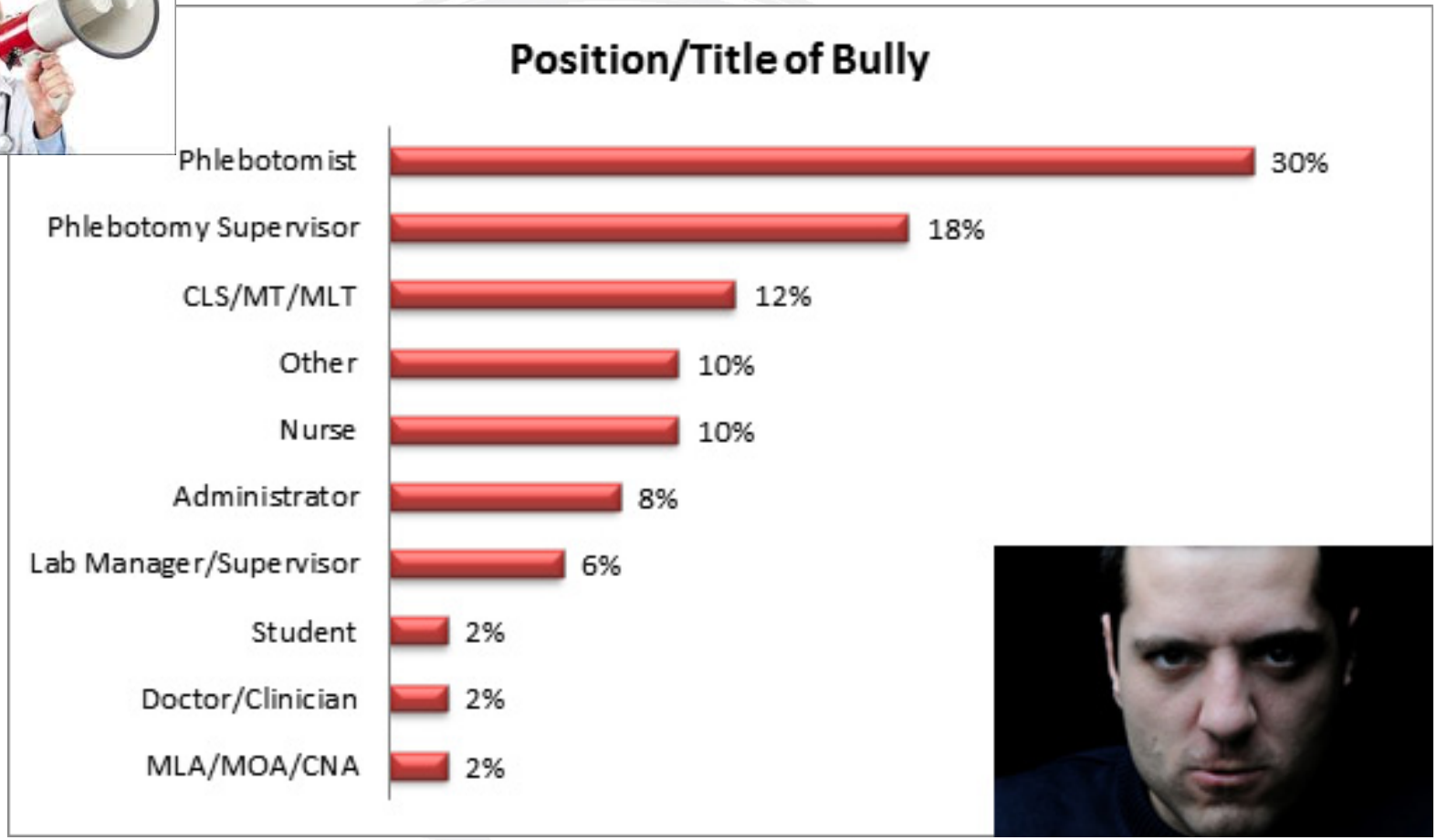
Inappropriate words or actions directed toward another person
- Sexual comments or innuendos
- Sexual harassment
- Seductive, aggressive, or assaultive behavior
- Racial, ethnic, or socioeconomic slurs
- Lack of regard for personal comfort or dignity of others

Inappropriate response to patient needs or staff requests
- Late or unsuitable replies to pages or calls
- Unprofessional demeanor or conduct
- Uncooperative, defiant approach to problems
- Rigid, inflexible responses to requests for assistance or cooperation

Figure 3-1. Sample Behavior Report Form

Staff Involved:		**Event Location:**	
Event Date:	**Event Time:**	**Name of Submitter:**	
Location (room no., department):		**Record No.:**	**Account No.:**
Submitter's Description of Inappropriate Behavior Events: *(objective, factual account to include behaviors witnessed, precipitating circumstances, and any action taken to remedy situation)*			
Analysis/Resolution:			


Types of Disruptive Behavior Experienced/Witnessed
Verbal abuse/outbursts
86%
Passive aggressive behaviors
65%
Yelling
53%
Work sabotage/interference
45%
Threatening words/actions
39%
Profanity
33%
Vulgarity
31%
Sexual harrassment
20%
Other
12%


Position/Title of Bully
Phlebotomist
30%
Phlebotomy Supervisor
18%
CLS/MT/MLT
12%
Other
10%
Nurse
10%
Administrator
8%
Lab Manager/Supervisor
6%
Student
2%
Doctor/Clinician
2%
MLA/MOA/CNA
2%

Culture of Safety Measurement

- IPSG 4-time out
- IPSG 5-handwashing
- PFR 1, PFR 1.2-supporting patient rights, values and beliefs
- PFR 1.3-privacy
- PFR 3-patient/family complaint

Culture of Safety Measurement

- COP 2-multidisciplinary team meetings/rounds
- MMU 4-managing illegible prescriptions
- MMU 4.1-managing incomplete orders
- QPS 8-analyzing adverse events
- PCI 6.1-infection risks (central lines, etc.)
- PCI 9-correct use of masks, gloves, PPE, etc.

Culture of Safety Measurement

- GLD 11.2-guideline/pathway adherence
- SQE 8.2-staff health and safety program
- SQE 10-privileges made available to units
- MOI 12-medical record reviews

AMBULATORY SURGERY CENTER SURVEY ON PATIENT SAFETY CULTURE

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov
PATIENT SAFETY

Ambulatory Surgery Center Survey on Patient Safety

This survey asks for your opinions about patient safety in ambulatory surgery centers (ASCs). ASCs are facilities where patients have surgeries, procedures, and treatments and are not expected to need an inpatient stay. Answer only about the facility where you received this survey. The survey will take about 10 minutes to complete.

- ► **Doctors** means all physicians (MDs or DOs), podiatrists, dentists, and others who perform surgeries, procedures, or treatments, including delivery of anesthesia, in this facility.
- ► **Staff** means **ALL others (clinical and nonclinical)** who work in your facility, whether they are employed directly by your facility or are contract/per diem/agency staff.
- ► **Patient safety** is the prevention of harm resulting from the processes of health care delivery. Such prevention includes reducing mistakes, errors, incidents, events, or problems that lead to patient harm or could negatively affect patients.
- ► If a question does not apply to you or you don't know the answer, please answer "Does not apply or Don't know."

SECTION A: Working in This Facility

► **How often do the following statements apply to your facility?**

	Never	Rarely	Some-times	Most of the time	Always	Does not apply or Don't know
1. Important patient care information is clearly communicated across areas in this facility	☐1	☐2	☐3	☐4	☐5	☐9
2. We feel comfortable asking questions when something doesn't seem right	☐1	☐2	☐3	☐4	☐5	☐9
3. We have enough staff to handle the workload	☐1	☐2	☐3	☐4	☐5	☐9
4. When we see someone with more authority doing something unsafe for patients, we speak up	☐1	☐2	☐3	☐4	☐5	☐9
5. Key information about patients is missing when it is needed	☐1	☐2	☐3	☐4	☐5	☐9
6. Our ideas and suggestions are valued in this facility	☐1	☐2	☐3	☐4	☐5	☐9
7. We share key information about patients as soon as it becomes available	☐1	☐2	☐3	☐4	☐5	☐9
8. There is enough time between procedures to properly prepare for the next one	☐1	☐2	☐3	☐4	☐5	☐9
9. Within this facility, we do a good job communicating information that affects patient care	☐1	☐2	☐3	☐4	☐5	☐9
10. We feel rushed when taking care of patients	☐1	☐2	☐3	☐4	☐5	☐9

Hospital Survey on Patient Safety

Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

- *An **"event"** is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.*
- ***"Patient safety"** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.*

SECTION A: Your Work Area/Unit

In this survey, think of your "unit" as the work area, department, or clinical area of the hospital where you spend *most* of your work time or provide *most* of your clinical services.

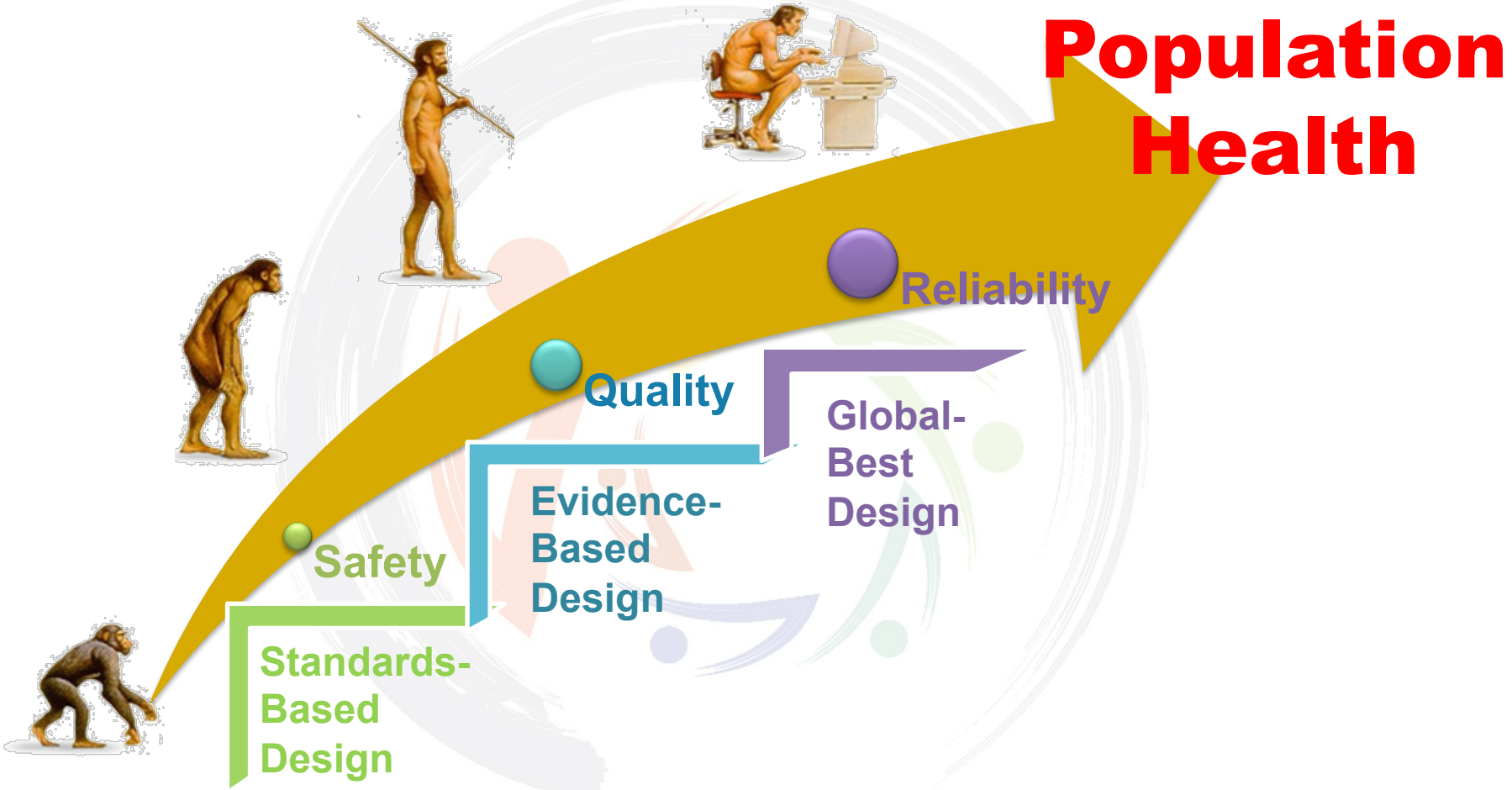
What is your primary work area or unit in this hospital? Select ONE answer.

- ☐ a. Many different hospital units/No specific unit
- ☐ b. Medicine (non-surgical)
- ☐ c. Surgery
- ☐ d. Obstetrics
- ☐ e. Pediatrics
- ☐ f. Emergency department
- ☐ g. Intensive care unit (any type)
- ☐ h. Psychiatry/mental health
- ☐ i. Rehabilitation
- ☐ j. Pharmacy
- ☐ k. Laboratory
- ☐ l. Radiology
- ☐ m. Anesthesiology
- ☐ n. Other, please specify: _____

Please indicate your agreement or disagreement with the following statements about your work area/unit.

Think about your hospital work area/unit…	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. People support one another in this unit	☐1	☐2	☐3	☐4	☐5
2. We have enough staff to handle the workload	☐1	☐2	☐3	☐4	☐5
3. When a lot of work needs to be done quickly, we work together as a team to get the work done	☐1	☐2	☐3	☐4	☐5
4. In this unit, people treat each other with respect	☐1	☐2	☐3	☐4	☐5
5. Staff in this unit work longer hours than is best for patient care	☐1	☐2	☐3	☐4	☐5

วิวัฒนาการของ Patient Safety



Area	Indicator Name
Hospital-acquired infections	Ventilator pneumonia
	Wound infection
	Infection due to medical care
	Decubitus ulcer
Operative and post-operative complications	Complications of anaesthesia
	Postoperative hip fracture
	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)
	Postoperative sepsis
	Technical difficulty with procedure
Sentinel events	Transfusion reaction
	Wrong blood type
	Wrong-site surgery
	Foreign body left in during procedure
	Medical equipment-related adverse events
	Medication errors
Obstetrics	Birth trauma - injury to neonate
	Obstetric trauma – vaginal delivery
	Obstetric trauma - caesarean section
	Problems with childbirth
Other care-related adverse events	Patient falls
	In-hospital hip fracture or fall

HCQI Data Collection 2014-15

Area	Indicator name
Sentinel events	1. Retained surgical item or unretrieved device fragment
Operative and post-operative complications	2. Postoperative pulmonary embolism (PE) – all surgical discharges – hip and knee replacement discharges only 3. Postoperative deep vein thrombosis (DVT) – all surgical discharges – hip and knee replacement discharges only
	4. Postoperative sepsis – all surgical discharges – abdominal surgical discharges only
	5. Postoperative wound dehiscence
Obstetrics	6. Obstetric trauma during vaginal delivery with instrument
	8. Obstetric trauma during vaginal delivery without instrument

Plans for further R&D

- Ongoing development of existing PSIs
- Prescribing safety
- Patient reported experiences on safety
- Reporting and use at hospital level

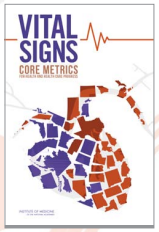
Population Health Indicator

REPORT BRIEF APRIL 2015

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES
Advising the nation • Improving health

For more information visit www.iom.edu/vitalsigns

Vital Signs
Core Metrics for Health and Health Care Progress



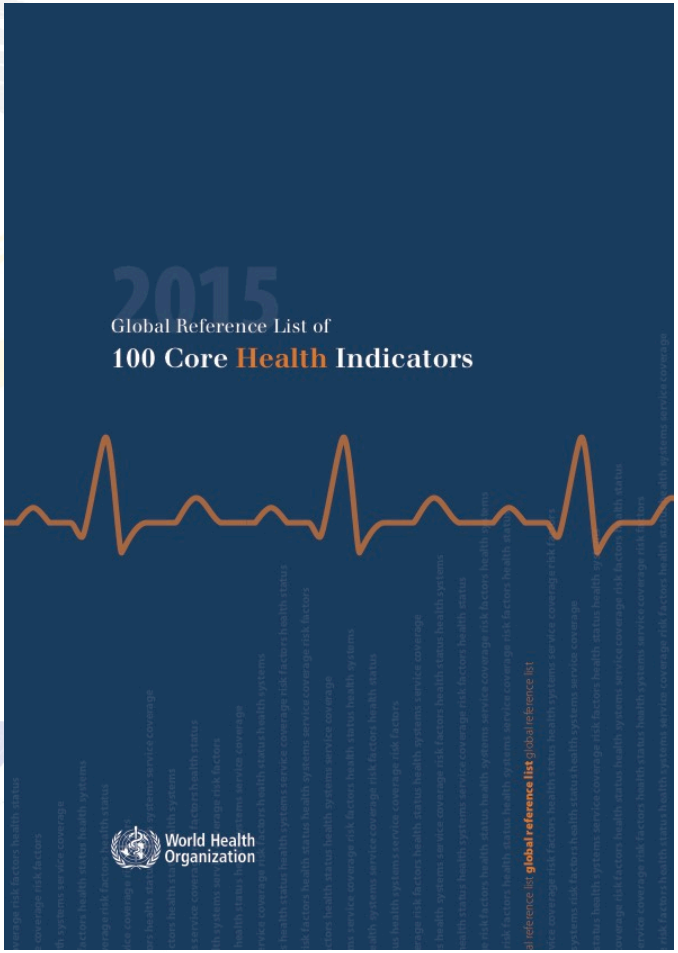
Thousands of measures are in use today to assess health and health care in the United States. Although many of these measures provide useful information, their sheer number, as well as their lack of focus, consistency, and organization, limits their overall effectiveness in improving performance of the health system. To achieve better health at lower cost, all stakeholders—including health professionals, payers, policy makers, and members of the public—must be alert to which measures matter most. What are the core measures that will yield the clearest understanding and focus on better health and well-being for Americans?

With support from the Blue Shield of California Foundation, the California Healthcare Foundation, and the Robert Wood Johnson Foundation, the Institute of Medicine (IOM) convened a committee to identify core measures for health and health care. In *Vital Signs: Core Metrics for Health and Health Care Progress*, the committee uses a four-domain framework—healthy people, care quality, lower cost, and engaged people—to propose a streamlined set of 15 standardized measures, with recommendations for their application at every level and across sectors. Ultimately, the committee concludes that this streamlined set of measures could provide consistent benchmarks for health progress across the nation and improve system performance in the highest-priority areas.

A streamlined set of measures could provide consistent benchmarks for health progress across the nation and improve system performance in the highest-priority areas.

The Measurement Landscape

Health measurements are requested or required by many organizations for many purposes, including efforts to track population, community, and individual health; assessments of health care quality and patient experience; transparency monitoring; public reporting and benchmarking; system or professional performance requirements; and funder reporting. Many of these measures are very similar, with only slight variations in terminology and methodology. However, their differences are often significant enough to prevent direct comparisons across states, institutions, and individuals. In addition, many measures focus on narrow or technical aspects of health care processes, rather than on overall health system perfor-



Population Health Indicator

Population Health Indicator

Core Measure Set with Related Priority Measures

1. Life expectancy
Infant mortality
Maternal mortality
Violence and injury mortality

2. Well-being
Multiple chronic conditions
Depression

3. Overweight and obesity
Activity levels
Healthy eating patterns

4. Addictive behavior
Tobacco use
Drug dependence/illicit use
Alcohol dependence/ misuse

5. Unintended pregnancy
Contraceptive use

6. Healthy communities
Childhood poverty rate
Childhood asthma
Air quality index
Drinking water quality index

7. Preventive services
Influenza immunization
Colorectal cancer screening
Breast cancer screening

8. Care access
Usual source of care
Delay of needed care

9. Patient safety
Wrong-site surgery
Pressure ulcers
Medication reconciliation

10. Evidence-based care
Cardiovascular risk reduction
Hypertension control
Diabetes control composite
Heart attack therapy protocol
Stroke therapy protocol
Unnecessary care composite

11. Care match with patient goals
Patient experience
Shared decision making
End-of-life/advanced care planning

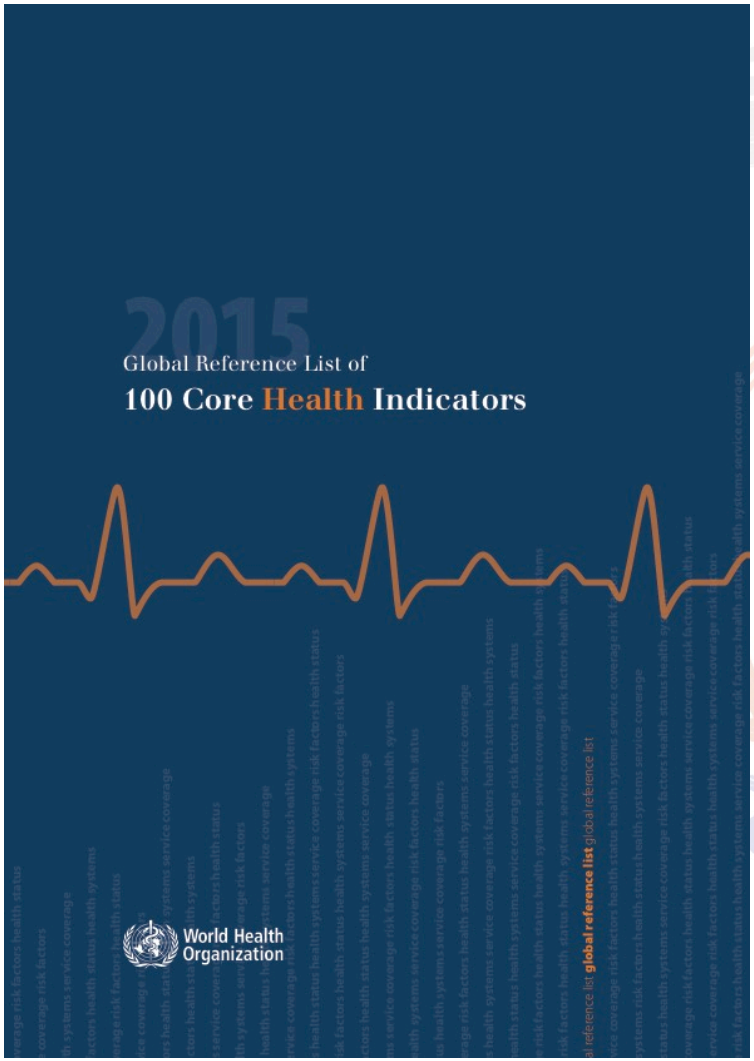
12. Personal spending burden
Health care–related bankruptcies

13. Population spending burden
Total cost of care
Health care spending growth

14. Individual engagement
Involvement in health initiatives

15. Community engagement
Availability of healthy food
Walkability
Community health benefit agenda

Population Health Indicator



Health status

Mortality by age and sex
- Life expectancy at birth
- Adult mortality rate between 15 and 60 years of age
- Under-five mortality rate
- Infant mortality rate
- Neonatal mortality rate
- Stillbirth rate

Mortality by cause
- Maternal mortality ratio
- TB mortality rate
- AIDS-related mortality rate
- Malaria mortality rate
- Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
- Suicide rate
- Mortality rate from road traffic injuries

Fertility
- Adolescent fertility rate
- Total fertility rate

Morbidity
- New cases of vaccine-preventable diseases
- New cases of IHR-notifiable diseases and other notifiable diseases
- HIV incidence rate
- HIV prevalence rate
- Hepatitis B surface antigen prevalence
- Sexually transmitted infections (STIs) incidence rate
- TB incidence rate
- TB notification rate
- TB prevalence rate
- Malaria parasite prevalence among children aged 6–59 months
- Malaria incidence rate
- Cancer incidence, by type of cancer

Risk factors

Nutrition
- Exclusive breastfeeding rate 0–5 months of age
- Early initiation of breastfeeding
- Incidence of low birth weight among newborns
- Children under 5 years who are stunted
- Children under 5 years who are wasted
- Anaemia prevalence in children
- Anaemia prevalence in women of reproductive age

Infections
- Condom use at last sex with high-risk partner

Environmental risk factors
- Population using safely managed drinking-water services
- Population using safely managed sanitation services
- Population using modern fuels for cooking/heating/lighting
- Air pollution level in cities

Noncommunicable diseases
- Total alcohol per capita (age 15+ years) consumption
- Tobacco use among persons aged 18+ years
- Children aged under 5 years who are overweight
- Overweight and obesity in adults *(Also: adolescents)*
- Raised blood pressure among adults
- Raised blood glucose/diabetes among adults
- Salt intake
- Insufficient physical activity in adults *(Also: adolescents)*

Injuries
- Intimate partner violence prevalence

Population Health Indicator

Service coverage

Reproductive, maternal, newborn, child and adolescent
- Demand for family planning satisfied with modern methods
- Contraceptive prevalence rate
- Antenatal care coverage
- Births attended by skilled health personnel
- Postpartum care coverage
- Care-seeking for symptoms of pneumonia
- Children with diarrhoea receiving oral rehydration solution (ORS)
- Vitamin A supplementation coverage

Immunization
- Immunization coverage rate by vaccine for each vaccine in the national schedule

HIV
- People living with HIV who have been diagnosed
- Prevention of mother-to-child transmission
- HIV care coverage
- Antiretroviral therapy (ART) coverage
- HIV viral load suppression

HIV/TB
- TB preventive therapy for HIV-positive people newly enrolled in HIV care
- HIV test results for registered new and relapse TB patients
- HIV-positive new and relapse TB patients on ART during TB treatment

Tuberculosis
- TB patients with results for drug susceptibility testing
- TB case detection rate
- Second-line treatment coverage among multidrug-resistant tuberculosis (MDR-TB) cases

Malaria
- Intermittent preventive therapy for malaria during pregnancy (IPTp)
- Use of insecticide treated nets (ITNs)
- Treatment of confirmed malaria cases
- Indoor residual spraying (IRS) coverage

Neglected tropical diseases
- Coverage of preventive chemotherapy for selected neglected tropical diseases

Screening and preventive care
- Cervical cancer screening

Mental Health
- Coverage of services for severe mental health disorders

Health systems

Quality and safety of care
- Perioperative mortality rate
- Obstetric and gynaecological admissions owing to abortion
- Institutional maternal mortality ratio
- Maternal death reviews
- ART retention rate
- TB treatment success rate
- Service-specific availability and readiness

Access
- Service utilization
- Health service access
- Hospital bed density
- Availability of essential medicines and commodities

Health workforce
- Health worker density and distribution
- Output training institutions

Health information
- Birth registration coverage
- Death registration coverage
- Completeness of reporting by facilities

Health financing
- Total current expenditure on health (% of gross domestic product)
- Current expenditure on health by general government and compulsory schemes (% of current expenditure on health)
- Out-of-pocket payment for health (% of current expenditure on health)
- Externally sourced funding (% of current expenditure on health)
- Total capital expenditure on health (% current + capital expenditure on health)
- Headcount ratio of catastrophic health expenditure
- Headcount ratio of impoverishing health expenditure

Health security
- International Health Regulations (IHR) core capacity index

Inputs and processes

Health financing
- Total current expenditure on health (% of gross domestic product)
- Current expenditure on health by general government and compulsory schemes (% of current expenditure on health)
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Health workforce
- Health worker density and distribution
- Output training institutions

Health infrastructure
- Health service access
- Hospital bed density

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Output

Service access and availability
- Service utilization
- Service-specific availability and readiness
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Outcome

Coverage of interventions
- Demand for family planning satisfied with modern methods
- Contraceptive prevalence rate
- Antenatal care coverage
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Risk factors and behaviours
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Impact

Health status
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- Cancer incidence, by type of cancer

Finanical risk protection
- Headcount ratio of catastrophic health expenditure
- Headcount ratio of impoverishing health expenditure

Physician Engagement in Safety

Q & A

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