

Enhancing Taiwan Patient-safety Reporting Volume through Patient Safety WalkRounds

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Objectives:

The Taiwan Ministry of Health and Welfare initiated the Taiwan Patient-safety Reporting system (TPR) in 2003, adopting a non-punitive approach to collect abnormal events related to patient safety in the hospital of Taiwan. However, the reported incidents in Taiwan's hospitals are generally lower than the international average. This study aims to investigate the application of Patient Safety WalkRounds to enhance the reporting volume in the Taiwan Patient-safety Reporting system.

Methods:

The Institute for Healthcare Improvement (IHI) suggests that Patient Safety WalkRounds can serve as a tool to connect top-level executives with frontline staff, demonstrating the commitment to patient safety and support for personnel. This study conducted monthly Patient Safety WalkRounds from April to December 2023. The Patient Safety WalkRounds team included the Deputy Superintendent, Medical Director, and staff members. Representatives conducted 15 - 20 minutes interviews in various units with unit leaders and clinical staff. The objectives were to 1. Demonstrate the hospital's commitment and support for patient safety, 2. Establish communication channels among staff, supervisors, and managers regarding patient safety, and 3. Encourage the reporting of abnormal events to identify improvement opportunities. Pre-visit meetings were held to establish consensus on the visit schedule and content. After the visit, feedback was provided, and follow-up items were confirmed. The study utilized non-parametric sign tests to analyze the reported abnormal events before and after Patient Safety WalkRounds in each unit.



Results:

From April to December 2023, a total of 28 wards and medical units were visited. In the pre-data from April to December 2022, 12 units reported zero events, with a median of 1, mode of 0, and a maximum of 72 reported events. In the post-data from April to December 2023, 2 units reported zero events, with a median of 3, mode of 1, and a maximum of 289 reported events. Among the 28 units, 21 units showed an increase in reported abnormal events, 3 units remained the same, and 4 units showed a decrease. Implementation of Patient Safety WalkRounds significantly increased the reported abnormal events in units (p=0.003).

Table 1: Reports of abnormal incidents by each unit from 2020 to 2023

Unit	2022	2023	Changes between 2022 and 2023	P value
Pharmacy Dept.	111	445	334	
Pathology Dept.	0	71	71	
ER Nursing	3	16	13	
Lab Dept.	0	9	9	
Psychiatry Dept.	3	10	7	
OR Nursing	1	8	7	
12F Ward	3	9	6	
9F Ward	5	8	3	
Physiological Examination Center	0	3	3	
15F Ward	3	6	3	
Maternity Ward	0	3	3	
ER Doctor	0	3	3	
16F Ward	6	8	2	
VIP Ward	0	2	2	
Nuclear Medicine Dept.	0	2	2	
MICU	7	9	2	
Ambulatory	2	4	2	
Dental Dept.	0	1	1	
Radiology Dept.	0	1	1	
Infant Room	0	1	1	
Hospice Ward	3	4	1	
TCM Dept.	1	1	0	
Rehabilitation Dept.	1	1	0	
10F Ward	0		0	
Dialysis Center	4	3	-1	
SICU	5	4	-1	
PICU	2	0	-2	
13F Ward	15	10	-5	
11F Ward	18	12	-6	
Average(SD)	4.6(13.7)	16.4(55)		P=0.003

Conclusion:

The results of this study indicate a significant increase in reported abnormal events in units after the implementation of Patient Safety WalkRounds. The process of Patient Safety WalkRounds enables clinical units to understand the importance of Patient-safety Reporting and clarify which incidents should be reported but were previously overlooked. The most significant change observed is the increased willingness of many units to report abnormal events. The study's limitation is that the post-data collection period coincided with the implementation of Patient Safety WalkRounds, potentially underestimating the actual effectiveness. Future research will continue to monitor relevant data.