PATIENTS FOR PATIENT SAFETY (PFPS) PILOT PROJECT

Patient Safety Unit, Ministry of Health Malaysia;

Malaysian Society for Quality in Health;

World Health Organization

REPORT ON
PATIENTS FOR PATIENT SAFETY MALAYSIA (PFPSM) PILOT PROJECT
OCTOBER 2014 – OCTOBER 2015

1. Introduction

The 2nd WHO Patients for Patient Safety In- country Workshop that was held on 29th & 30th September 2014 and attended by a total of 32 patients and management staff representing 14 public and private hospitals including two university hospitals participated in the workshop at the Everly Hotel, Putrajaya. The workshop was jointly organised by the Ministry of Health Malaysia and WHO in collaboration with the Malaysian Society for Quality in Health (MSQH). The workshop was funded fully from WHO funds to the Ministry of Health Malaysia channelled to the MSQH.

Following the 2nd WHO Patients for Patient Safety Workshop a consensus was reached by the organisers and the participants (Patient and Hospital Representatives) to conduct a pilot project on Patients for Patient Safety in the following 14 selected public and private hospitals.

Public Hospitals

1. Hospital Putrajaya
2. Hospital Selayang
3. Institute Kanser Negara
4. Hospital Sungai Buloh
5. Hospital Queen Elizabeth
6. Hospital Ampang

Private Hospitals

7. KPJ Ampang Puteri Specialist Hospital
8. KPJ Damansara Specialist Hospital
9. Adventist Hospital Penang
10. Gleneagles Hospital Kuala Lumpur
11. Pantai Hospital Kuala Lumpur

University Hospitals

12. Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM)
13. Pusat Perubatan Universiti Malaya (PPUM)

Institution

14. Institut Jantung Negara (IJN)

Training for the Patient Representatives and Hospital Management Staff on the selected Patient Safety Goals (Patient Falls - Adults & Medication Error - Drug Administration of Inpatients) in preparation for the Pilot Project was organized and conducted by the Ministy of Health (Patient Safety Unit) jointly with the Malaysian Society for Quality in Health (MSQH). Dr Nor' Aishah and Assoc Prof Dr Kadar participated in the training with invited invited speakers. The one day training was conducted on Thursday, 26th February 2015 at the Malaysian Society for Quality in Health. Matron Tan Seew Geek from Hospital Kuala Lumpur spoke on Quality Improvement Project - Patient Falls while Puan Wan Mohaina bt Wan Mohamad, Senior Principal Assistant Director from the Pharmacy Division MOH spoke on Medication Error (Drug Administation).

2. Objectives of PFPSM Pilot Project

i) Establish an avenue where patients have the opportunity/role to share their experiences with health care providers, especially experiences related to adverse events and best practices, and empower them to use such experiences to advocate for positive changes to improve Patient Safety.

ii) Identify a structure/mechanism where patients' experience and expertise can be engaged and integrated into and implemented within the hospital Quality Improvement programs.

iii) Identify and establish indicators for measuring and evaluating the impact of patient and family involvement so as to foster sustainable and measurable patient engagement.

3. Methodology

a) Selection of Participating Hospitals

In view of the logistic and resource limitation, Most of the hospitals selected were situated in Klang Valley area (i.e near Kuala Lumpur). Only two hospitals were outside Klang Valley. Other consideration was based on the leadership and commitment of Hospital Directors to quality and patient safety.

b) Selection of Patient Representatives

Upon selection of the participating hospitals in the pilot project the identification and selection process of suitable participants representing the Hospital Management and Patient Representatives from each hospital was done. The Hospital Management submitted names of Patient Represntatives to the MOH and MSQH. The selction of the Patient Representatives was a closed system as the choice was made by the Hospital Management based on the WHO criteria and their availability. Most of the Hospital had one Patient Representaitive. The PFPSM secretariat at the MSQH sent out the WHO Application Pack (attached) for the patients/relative selected for the Patients for Patient Safety Workshop to familiarize the Patient Advocates on the engagement of Patients for Patient Safety. The pack included:

- Background
- Workshop Objectives, Process and Expectations
- Selection Criteria
- Application Process
- London Declaration
- Application Form

c) Implementation of Pilot Project at Hospital Level

i. Appointment of Patient Representatives by the Hospital Management

The PFPSM Committee prepared the Concept Paper, Terms of Reference (TOR), Roles and Responsibilities, Code of Conduct and Confidentiality , sample letters of appointment and acceptance for the Patient Representative and a checklist to standardise the steps to be taken by the patient representative in the Pilot Project was sent to the selected participating hospitals together with the directive from the Deputy Director General Health Services (Medical) for the implementation of the pilot project.

ii. Advisory Support and Visit to the Pilot Project Hospitals

The PFPSM Committee members were assigned to mentor the respective Patient Representative and Hospital Representative team from the selected 14 hospitals. Visits were made as per directive letter from the Deputy Director General of Health Services.

iii. Conduct of PFPSM Pilot Project

The timeline of the implementation of the PFPSM Pilot Project is as indicated in the Gantt Chart (Attached). Although a timeline was set most of the hospitals involved in the project could not commence the implementation as planned due to varying reasons; the main reasons being underlying illness and personal problems faced by the Patient Representatives as this being a voluntary activity as well as change in the Managmement Team of the Hospital.

In many of the pilot project hospitals the education process to train the patient advocate to participate in the Patients for Patient Safety Program at the hospital level was carried out before allowing the Patient Representative to engage with the patients. The relevant committee usually the Patients for Patient Safety Committee was established and met regularly to discuss issues on the project including the two indicators identified for the project i.e. Prevention of Pateint Falls (adult) and Medication Error (administration). The liaison officers for the identified indicators as well as Head of Department of the project site, specialist in –charge, pharmacists, Nursing Director/Matron, sisters and nurses were briefed on the project by the Hospital Director/Management

Representative and introduced to the Patient Representative. To identify the Patient Representative easily, he/she was provided a special vest and name tag to be used during inter- facing with the patients.

The activities for the pilot project include weekly/monthly visits to the wards accompanied by an assigned staff and regular meetings to monitor and keep track on the progress. Interviews of the patients were done using checklist or pre and post knowledge, attitude and practice (KAP) questionnaires provided by the Hospital.

In some sample hospitals, weekly visits were made and 10-12 patients were choosen at random and interviewed and the teaching session pursued spending about 5-10 minutws per patient. Some patients refused to be approached by the volunteers who were initially accompanied by the staff nurse and later left on their own. The education sessions are based on the script provided by the Nursing staff and Pharmacist and mostly done on a one to one basis. Only one hospital used the Focus Group method for the education process. Education materials i.e. booklets on Patient Fall and Medication Alert were prepared as guide for the Patient Representative and the patients. Monitoring of the patients who have been given awareness by the patient representatives on these two indicators are done by the nursing staff untill the patients are discharged.

The Pilot Project was implemented with support from the senior management team of each hospital as advisor to the project. Initially there was some resistance from the doctors and nurses who wanted to know why the Patient Represetative were in the ward. With time both the doctors and nurses accepted the Patient Representative taking over the patient education for these two indicators and saw the benefit of the project. The Hospital Management is considering to extend the project to other wards in the future.

Baseline data on both indicators were made available before commencement of the Pilot Project. Falls prevention initiatives including a KAP Questionnaire and patient education were implemented with participation of the Patient Representative between March to July 2015. Patient Representative was to create awareness to patients on medication safety in the selected ward using pamphlets. Need to know whether the intervention through patient education by the Patient Representative has helped to reduce the incidences or other factors i.e. initiatives under the Patient Safety Goals had brought a reduction in the incidences of Patient Falls and Medication Error.

4. Findings & Analysis

I. Background Information Of The Pilot Project

There were 14 hospitals involved in this pilot project. 8 of them are public hospital and 6 are from the private sector.

Hospital and patient representatives were appointed to each hospitals. In total there were **14 hospital representatives** and **15 patient representatives** to conduct the project.

A. Hospital Representatives

- Amongst the 14 hospital representatives, 12 of them (85.7%) were officially trained during the WHO PFPS Incountry Workshop.

- Hospital representatives from KPJ Damansara and UMMC were replaced during the implementation of the project and the newly appointed representatives were not officially trained.

- 3 of the hospitals; 21% (KPJ Damansara , UMMC & Ampang Hospital) had changes in the hospital management team during the implementation of the project.

B. Patient Representatives

- All of the patient representatives were officially trained and appointed during the WHO PFPS Incountry Workshop.

- All of them voluntarily involved with the project and did not received any form of payment.

- However, during the implementation of the project 3 of them were replaced with new patient representatives that were not officially trained due to personal commitments and health issues (KPJ Damansara , National Cancer Institute & Ampang Hospital).

- 8 of the patient representatives (53%) are retired (Chart 1)

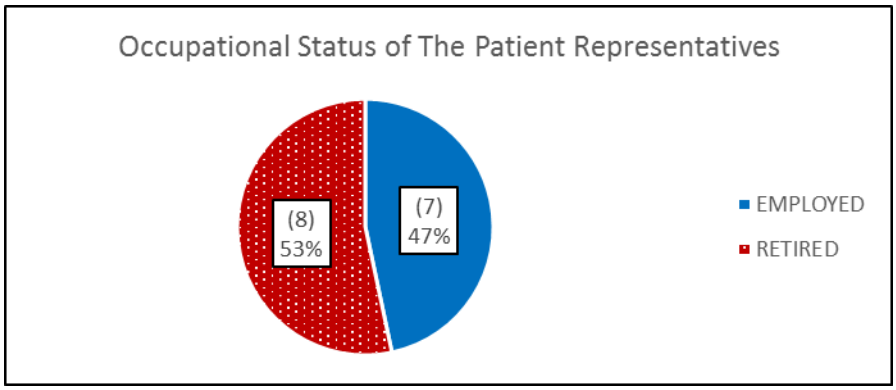


Chart 1 : Occupational Status of The Patient Representatives

- Majority of the patient representatives are well educated with educational level of diploma and above.

- In the process of the project, it was discovered that one patient representative had conflict of interest and need to be dismissed.

- Most of the patient representatives are well selected and had pleasant personality, motivated and active in the project (based on the hospital representatives feedback)

II. Implementation of the pilot project

- 4 Hospitals had existing patient support group to facilitate the PFPS initiatives :

  a) **National Heart Institute** – *Rakan IJN*
  b) **Sungai Buloh Hospital** – *JK PFPS Hospital Sungai Buloh*
  c) **Selayang Hospital** – *Volunteers of Sahabat Hospital & Hospital Mesra Ibadah Support Group*
  d) **Putrajaya Hospital** – Patient Safety Committee

- All 14 hospitals had established a committee within the hospital management to support the PFPS initiatives.

- Most hospitals used “meetings” (93%) as their mode of communication with the patient representatives (Chart 2)

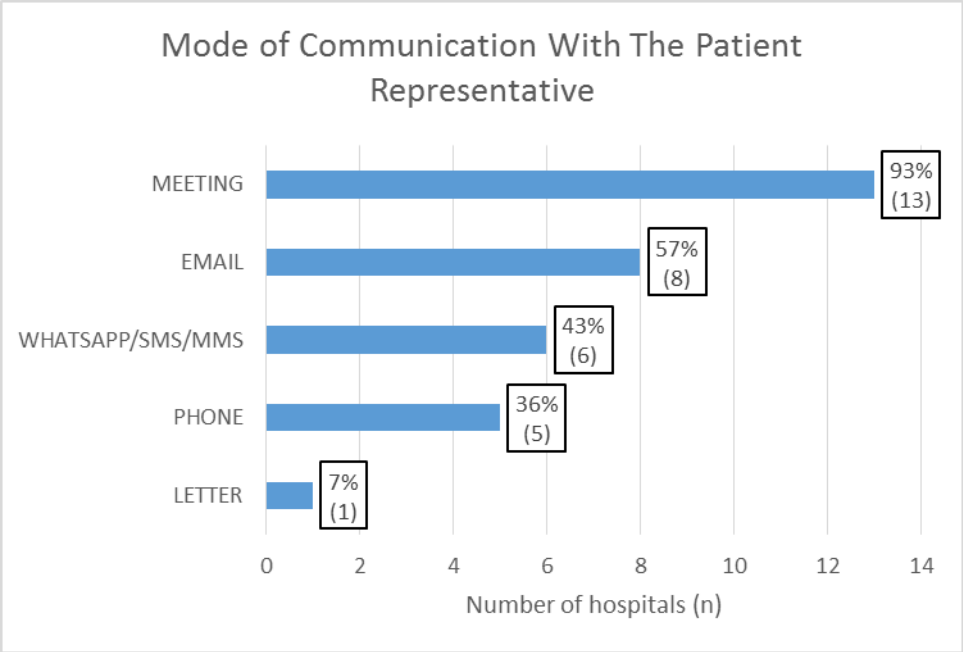


Chart 2 : Mode of Communication With The Patient Representatives

- 100% of the hospital management level had been briefed regarding the PFPS pilot project. However, only 10 out of 14 hospital (71%) had briefing done for the department and floor level (Chart 3).

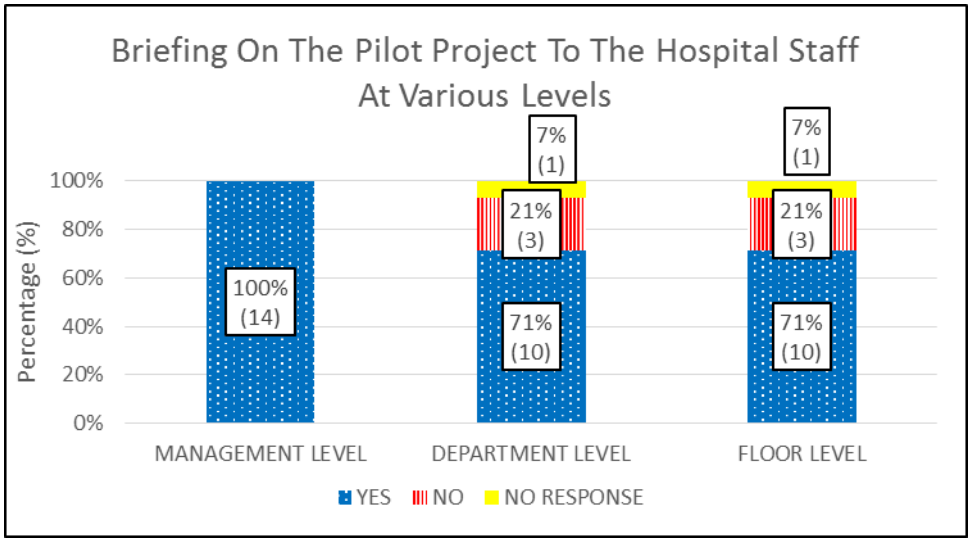


Chart 3 : Briefing On The Pilot Project To The Hospital Staff At Various Levels

- Hospitals do provide aminities such as ‘Identification Tag’ , ‘Parking Lot’ , ‘Refreshments’ and ‘Office Space’ to the patient representatives. Even 1 hospital provide vest to its patient representative (Chart 4).

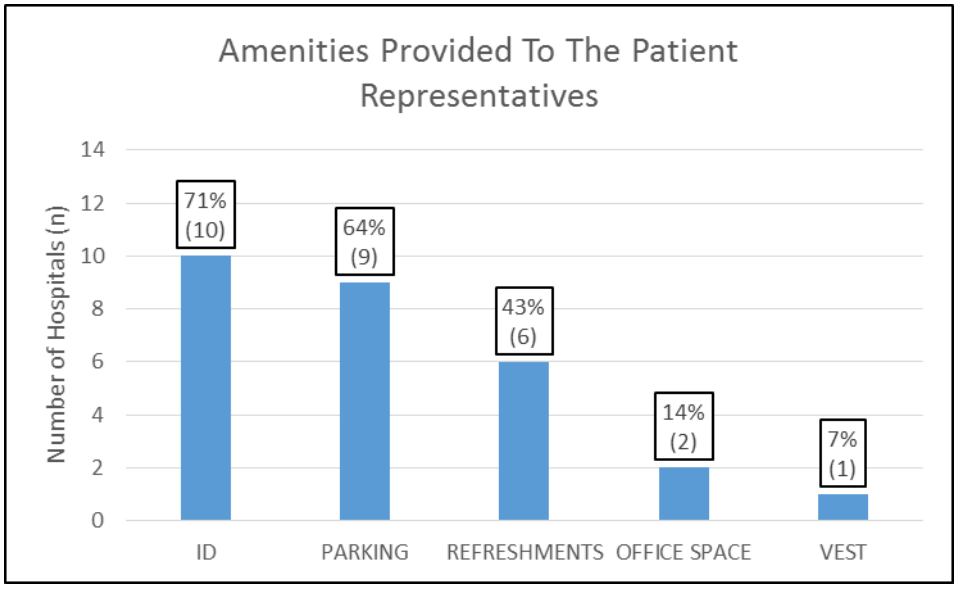


Chart 4 : Amenities Provided To The Patient Representatives

- 78% of the hospital provide tools to their patient representatives to conduct the PFPS project such as questionnaire, leaflet & checklist while the remaining hospitals 22% did not provide any tools for their patient representatives (Chart 5).

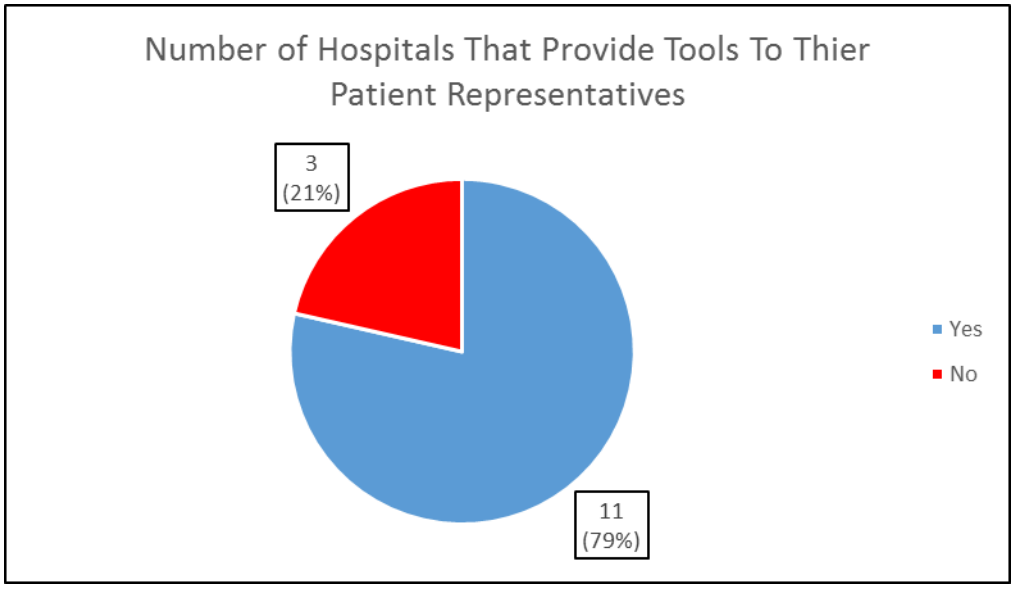


Chart 5 : Number of Hospitals That Provide Tools To Their Patient Representatives

- 12 hospitals (86%) completed the project within 9 months as planned however 2 hospital (Penang Adverntist & Ampang Hospital) did not manage to complete the project as planned.

- Majority of patient representatives (patient representatives from 7out of 12 hospitals - 58%) made at most 10 visits to engage with patients during the implementation of the project.

- 10 hospitals used flexible time for patient representative visit , 2 hospitals scheduled their visit and 1 hospitals had both approach.

- 12 Hospital's patient representative (86%) visited their patient during office hour while 2 (14%) visited during weekends. No patient representative visited after working hour.

- 6 Hospital's patient representative (43%) spent 15 – 30 minutes on each patient during the visit, 5 (36%) spent less then 15 minutes while 2 (14%) spent more then 30 minutes.

- 2 out of 12 hospital (16.6%) did not accompany (independent) their patient representative during the patient engagement sessions (National Heart Institute & Sungai Buloh Hospital).

- Approaches adopted by patient representatives during patient engagement session (Chart 6).

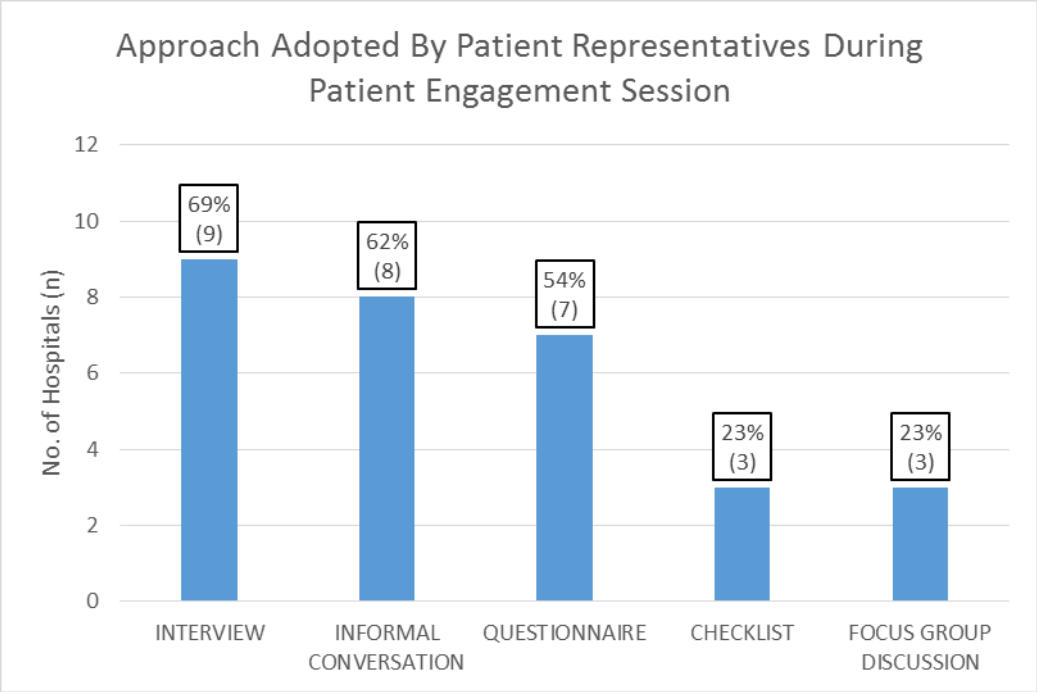


Chart 6 : Approach Adopted By Patient Representatives During Patient Engagement Session

- Type of department involved in the project :
  - **Medication Safety (Chart 7)**

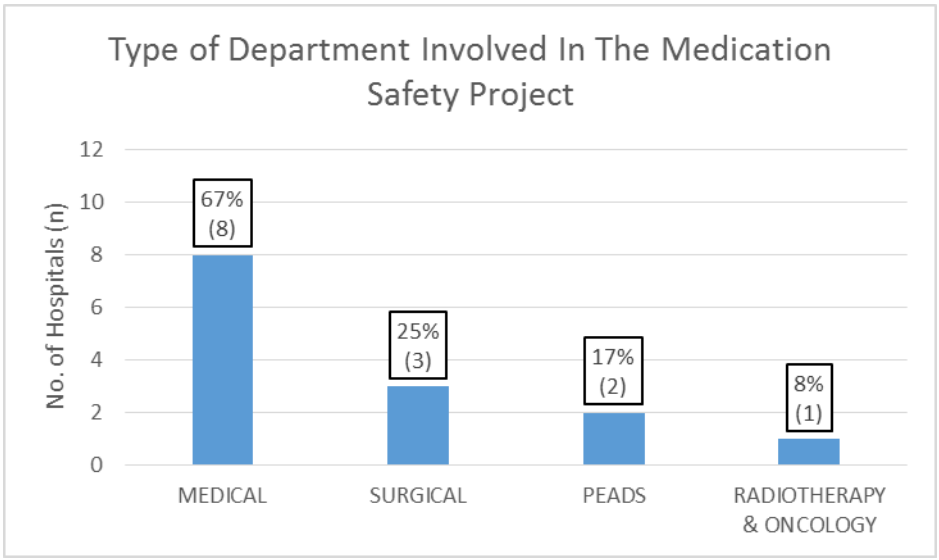


Chart 7 : Type of Department Involved In The Medication Safety Project

- Type of department involved in the project :
    - **Patient Fall Prevention (Chart 8)**

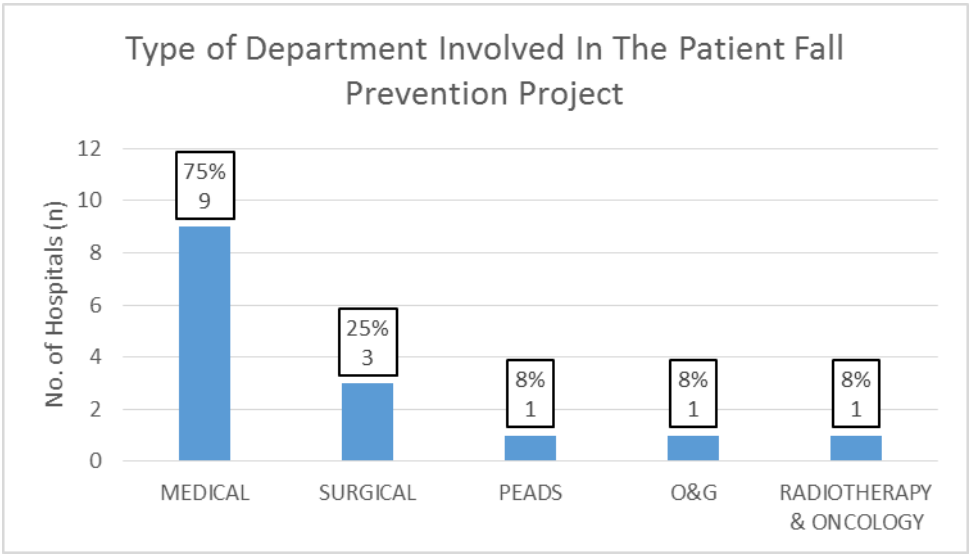


Chart 8 : Type of Department Involved In The Patient Fall Prevention Project

- Number of patient engaged in the pilot project
    - **Medication Safety (Chart 9)**

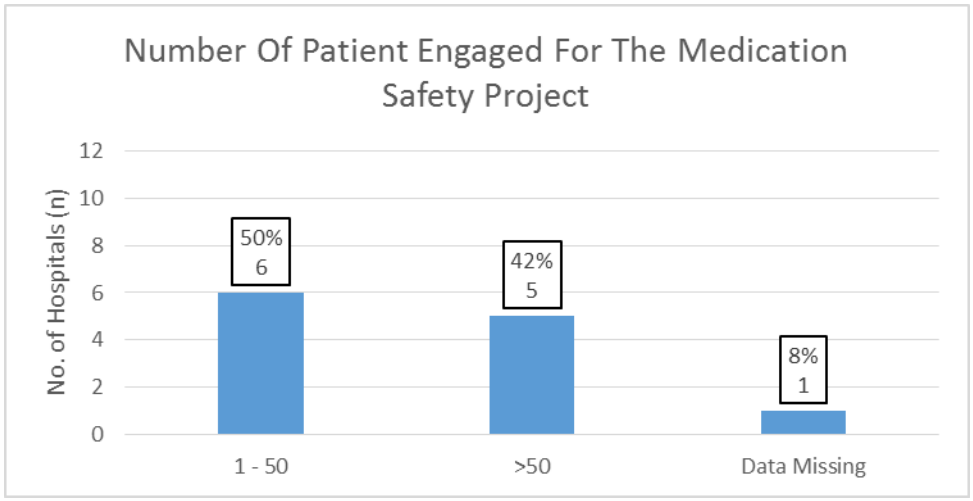


Chart 9 : Number Of Patient Engaged For The Medication Safety Project

- Number of patient engaged in the pilot project

    - **Patient Fall Prevention (Chart 10)**

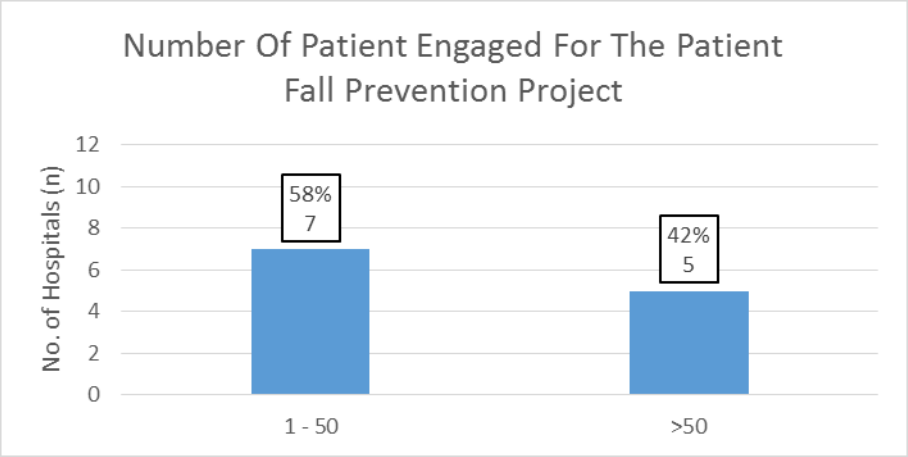


Chart 10 : Number Of Patient Engaged For The Patient Fall Prevention Project

- All hospitals have identified their own criteria for selection of patients during the patient engagement for example :

    - Geriatric patient
    - High risk of fall
    - Patients with multiple co-morbidities that requires multiple medications
    - Post operation patient
    - Selection by ward nurse manager
    - Patient who gave their consent
    - Random selection & convenience sampling

- 10 hospitals (83%) took consent prior to the patient engagement session for the project. (Chart 11)

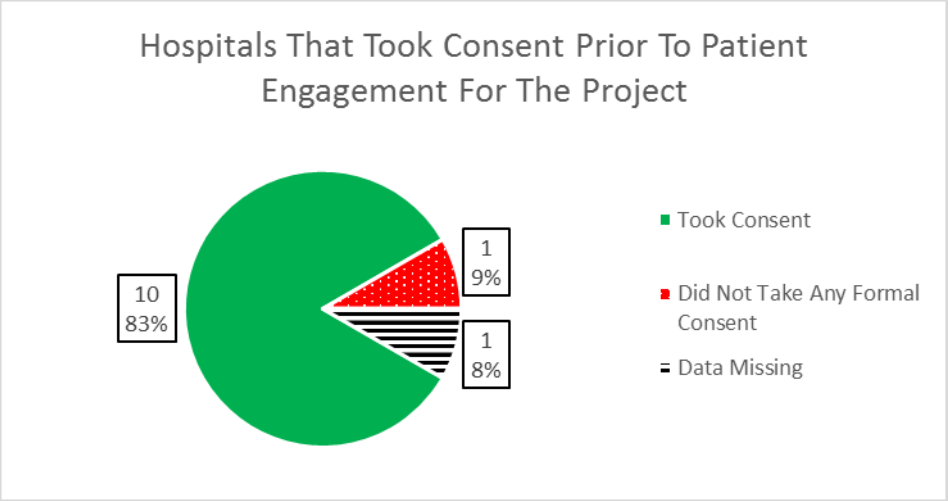
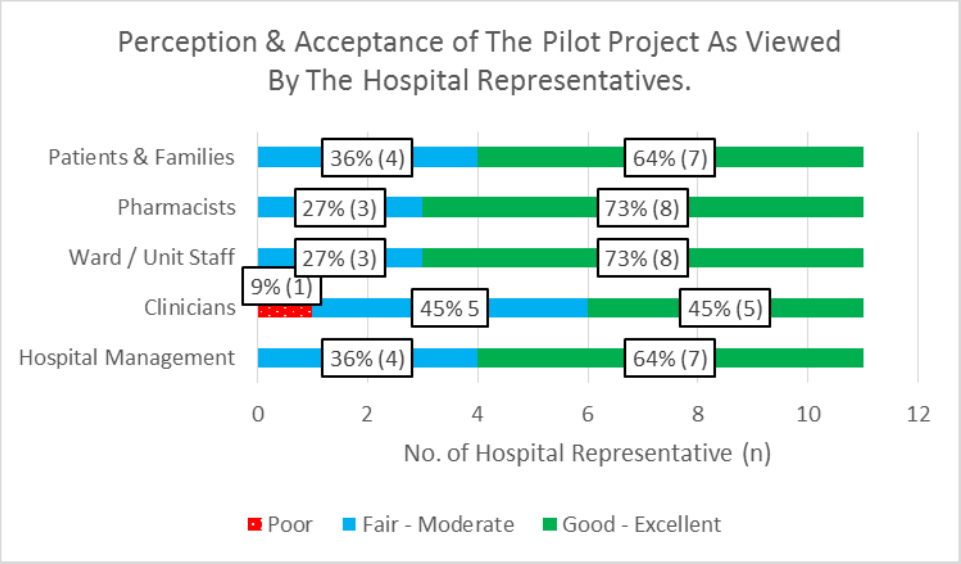


Chart 11 : Hospitals That Took Consent Prior To Patient Engagement For The Project

- All of the hospitals that were involved in this project had baseline data for medication error & patient fall prior to the implementation of the project.

- Perception and acceptance of the pilot project as viewed by the hospital representatives. (Chart 12&13)



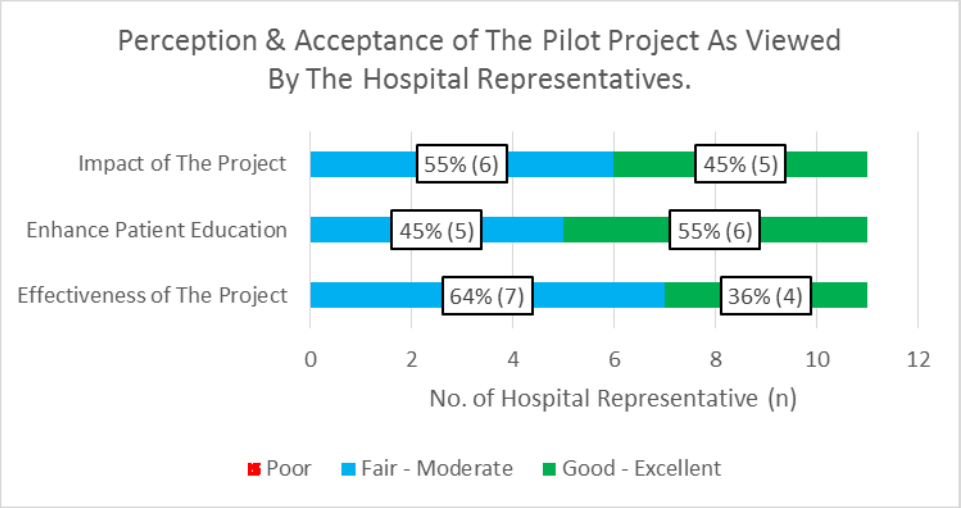


Chart 12&13 : Perception & Acceptance of The Pilot Project As Viewed By The Hospital Representatives

Overall, most of the hospital representatives gave positive feedback on the acceptance and perception of the pilot project at all level of implementation and the outcome of the project. However there was 1 hospital representative report that their clinicians had poor perception and acceptance on the project. **Note :** 1 of the hospital that implement the project didn't gave any feedback for perception and acceptance of the project.

- 11 hospitals (91.7%) viewed the project as beneficial and 10 hospitals (83.3%) thought that the project is feasible to be expanded to other Patient Safety initiatives / wards / departments.

- 7 out of 12 hospitals (58%) were statisfied with the number of patient representative to conduct the project whereas, 5 hospitals thought that one patient representative per hospital was inadequate.

5. Strength, Challenges and Limitations

a) Strengths

i) Patient Representatives

- *Dedicated Patients for Patient Safety (PFPS) Representative*.

    - The patient representative fulfilled the selection criteria, educated, fully committed to the project and managed to get full cooperation from patients and their relatives

- The Patient Representative is highly motivated, active and innovative in approaching the patients and handling the interactive session
- One of the Patient Representative is an academic staff of a University and well informed on the methodology to be used for the education process. The Patient Representative was fully engaged with the session

- *Patients and families/carers feel more comfortable* to communicate with the PFPS Representative.
  - Patient was able to help the patients to express their problems, able to handle emotional issues of the patient, have good communication skill and conducted the education session in "relaxed" manner.
  - Positive feedback obtained from the patients and carers on the engagement by the Patient Representative.
- *The project enhances patient education* (already conducted by nurses)
  - Project embarked on a good education process on patient safety by engaging patients by a Patient Representative.
  - Patient Representative help to improve delivery of education on falls prevention and medication error
  - The Patient Representative has time to spend with the patients and has minimal barrier in communication
- *Some of the PFPS Representative brings* along *innovative ideas/approaches to the project. Use of focus group* for health education in the project.
  - One of the hospital had Focus Group Discussion conducted which was a very innovative method used by the Patient Representative in view of time constraint as she is busy with her work commitment.
- The *PFPS Representative eventually become part of the hospital team* and well respected and accepted by hospital staff and specialist.
  - The Patient Representative has become part of the hospital team in a short duration of the project, well respected and accepted by the specialists and staff after the initial reservation

ii) Hospital Management & Clinical Staff

- *Committed Leadership* from Hospital Management. Hospital management developed a "committee" to address the project.
    - Hospital management and clinical staff provide leadership to the project and were receptive to the involvement of patient representatives, committed and supportive.
    - In some hospitals, this project was incorporated into the existing Patient Support Group such as National Heart Institute Friends (Former Patients)
    - The hospital management is very committed to Patient Safety
    - The Hospital Management and Patient Representative are fully committed to the Pilot Project. The necessary hospitality was given to the Patient Representative
    - PFPS Representative given hospital tag for easy identification/security to conduct the project. This create a 'sense of belonging' to the hospital (with the appointment letters provided by the hospital management).
    - The Hospital Management was motivated by the project and plan to extend the project with additional Patient Representatives.
    - *Well established education process* for the PFPS Representative before embarking on the project.
    - Some of the hospitals developed education materials for the education process.
- *Healthcare providers become more receptive* to the project over time. (resistance decrease)
    - The hospital management, specialists and clinical staff acknowledge the benefit of this project where the patient representastives made an impact on counselling the patients on patient safety initiatives on Patient Falls and Medication Error
- *Post intervention results indicated reduction* in incidences of both indicators. (good feedback on the project from PFPS Representative and patients)
    - The incidences of Patient Fall and Medication Error were reduced after initiation of the pilot project.
- *With the project it creates a 'Hawthorne Effect'*: Nurses become more alert/vigilant.

- The nurses are now more vigilant in medication administration, processes have improved with better outcome. Prior to the project, the nurses served medication without any explanation.

b) Challenges & Limitations

i) Patient Representatives

- *Communication* (Language barrier between PFPS Representative and patients who do not speak Malay or English)
    - Some patient representatives experienced communication barrier with patients who do not speak English or Malay (National language)
- *Post Patient education evaluation* on effectiveness of patient education by PFPS Representative (patient discharged before evaluation conducted)
    - Difficulty to evaluate the effectiveness of patient education as the patient who had met the patient representative is discharged before the next visit
- *Absence of Standardised Approach* on PFPS Representative's engagement with patients (no standardised method in the implimentation of the Pilot Project)
    - No standard format for data collection provided
- *Visits by PFPS Representative were too close* and may create boredom to the patients.
    - Visits by the volunteers were too close and may create boredom to the patients.
- *Absence of Structured Guidelines and Talking Points* to be used by the Patient Representative
    - There were no standardised checklist and key messages provided for the patient during the patient engagement session. Hence there was potential for variation and deviation of focus during the session
- *Lack of confidence and trust of the staff* towards the PFPS Representative in conducting the project individually
    - The Patient Representatives appeared to be accompanied by attending nurse during the engagement session. This is because

of the clinical staff's lack of confidence and trust in the competency of the Patient Representative , especially in terms of knowledge and their ability to convey the correct clinical messages.

- *Highly educated and currently fulltime employed* Patient Representative have limited time to contribute (very busy with job commitment)

  - Patient Representative was sometimes unable to attend the patient engagement session according to the schedule due to personal commitment.

- *Change of PFPS Representative* in the middle of the project results in inability to complete the project.

  - Difficulty in selecting suitable Patient Representative; patient health status keep changing.

  - In few hospitals, data collection started late due to patient representative's health status which did not permit them to proceed with the project as planned.

  - Patient representatives are still undergoing treatment which limit his/her engagement with the patients

ii)<u>Hospital Management & Clinical Staff</u>

- *Choice of patients/ identification of patients* for the education process in the Pilot Project done randomly by the Patient Representative (not patients that are high risk to falls)

  - Some patient representatives experienced lack of coorporation from patients.

  - For patient fall project - Most of the patients with red tag were ill and not able to give full corporation. Hence, selection of patients need to be reviewed.

- *Acceptance by healthcare* providers not forthcoming- resistance initially.

  - Initially there was resistance from the nurses because the Patient Representative is considered as outsider.

- *Inconsistency in the Script used* for the education process by the PFPS Representative

  - No standardised checklist for educating and evaluation (post patient education provided by PFPS Representative)

- There was no evaluation of the effectiveness of the patient education process. Hence, it is difficult to say this project is directly related in reducing the incidents because it is only three (3) months' data collection

- *Failed to provide proper Orientation* for the PFPS Representative

    - The hospital management failed to provide the Patient Representative a proper orientation which lead to drop out of Patient Representative from the project.

- *In Private Hospitals consent from the patient* needed before education process by the Patient Representative

    - The Patient Representatives need to obtain consent from the patient before the patient engagement session

- *Project delayed due to change* in Organisational Management Team and Hospital Representative

    - One of the hospital claimed there was a lack of input from Head of Department. The Head of Nursing also felt this project has no iumpact on patient safety.

- *PFPS Representative given hospital tag for easy identification*/security to conduct the project. This create a 'sense of belonging' to the hospital (with the appointment letters provided by the hospital management).

    - Some of the hospitals have logistics problems i.e. parking space for the Patient Representative's visit.

    - Incentive for the Patient Representative for travel/logistics is a concern that need to be addressed

j) <u>Recommendations</u>

i. Come up with a standardized Guide for Patient Representative to interface with patients and carers

ii. To increase the number of Patient Representative and the staff trained in this project

iii. Need to form a group of hospital volunteers/ more Patient Representative so that more patients can be covered.

iv. The Patient Representatives need to obtain consent from the patient before the patient engagement session

v. Standardization and good compliance of existing systems and processes in the hospitals

vi. Measurement and review of outcome of PFPS pilot project to ensure that change becomes part of standard practice

vii. Training and education of hospital staff on the pilot project

viii. Ensure Patient Representatives stay focused on the project.

ix. Costing - Basic amenities for the Patient Representative ; other costs are voluntary.

x. Healthcare providers recommend that the project be continued in a structured manner; preparation of Patient Representative, education materials as per PFPS Implementation Guide.

Conclusion

Based on the findings of the pilot project there is opportunity to extend this program. PFPS Implementation Guide will be developed to be used in the further implementation of the project. Continued support from MSQH, Ministy of Health, Patient Safety Council of Malaysia and Patients for patient Safety Malaysia (PFPSM) will be required to sustain the Patients for Patient Safety project. There were many models that were presented in the pilot project as there were no standardized methodology provided by PFPSM in the implementation of the project, hence the projects presented by the respective hospitals cannot be scored or rated. However, the successful engagement of the patient representatives by the selected hospitals in the pilot project is a positive outcome for PFPSM to move forward.