



Healthcare Organization Commitment

Contact Details

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Position

Chief Operating Officer

Organization Name

AL JALILA CHILDREN'S SPECIALTY HOSPITAL

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Commitment Details

Commitment Name

Patient Safety Challenge: Establishing a Culture of Safety

Participants

Deborah Norton-Westwood

What Patient Safety Challenge does your Commitment address?

Challenge 1 - Culture of Safety

Commitment Start Date

01/02/2018

How Many Hospitals Will This Commitment Represent

1

Action Plan

As a new organization and the first Pediatric stand-alone hospital in the UAE and the gulf region, Al Jalila Specialty Children's hospital's commitment to safe, quality care and positive outcomes for our children and their families is foremost. Fundamental in achieving that effort is building a foundation that embodies a 'Culture of Safety'. The promotion of a culture that at all levels of the organization continuously measures progress in patient safety, identifies and mitigates risks, and encourages shared accountability; a culture that demonstrates a commitment to the provision of safe, effective, timely and equitable care for children, and an exceptional child and family experience. In establishing a 'Culture of Safety' implementation of the following initiatives is necessitated:

1. Review, revise and update the existing Quality Plan - focusing on robust, efficient and effective processes in which to achieve the goal of a high reliability organization.
2. Seek approval of the Quality Plan from the AJCH Leadership Executive and the AJCH Board of Directors
3. Confirm approval for the Quality and Patient Safety Department budget and Organization chart
4. Develop and seek approval for job descriptions for approved Quality and Patient Safety Officers
5. Develop a Project Plan (Gantt chart) with clear goals, action plans inclusive of timelines for implementation of the comprehensive Quality Plan.
6. AJCH to support and implement education and 'walk the talk' on the organizational commitment to a 'Just Culture' (No blame).
7. Establish a 'Good Catch' program to recognize and reward the reporting of near miss adverse events or significant system issues.
8. Develop a comprehensive reporting structure for external/internal reporting inclusive of a bi-directional feedback to clinical and non-clinical staff.
9. Establish an Executive Quality Safety Committee with interdisciplinary representation accountable to the AJCH board to oversee individual department established action plans for patient and families, staff and visitors safety activities throughout the organization (monthly)
10. Establish an interdisciplinary Quality working group (weekly) for bi-directional feedback communication, review of events and issues of concern at unit, departmental and organizational level.
11. Weekly organizational safety rounds that include members of the executive leadership
12. Daily Safety Huddles to promote transparency, teamwork and real-time review of safety events
13. Establish a comprehensive Unit Based Safety Program (CUSP)
14. Provide ongoing patient safety education to clinical and non-clinical staff
 - o Procure membership with Institute of Health Improvement (IHI)
 - o Institute of Health Improvement (IHI) Open School of Learning (self-learning modules)
15. Procure an electronic software Adverse Event Reporting System:
 - o A Request for Information (RFI) will commence within the next one month
 - o Development of 'Requirements' for the software is required for comprehensive evaluation of vendors
 - o Establish an interdisciplinary evaluation team (end users)
 - o Through the use of Webinars and

a 'weighted' evaluation scoring system evaluation of a minimum three (3) vendors will commence. o Once an Adverse Event software program (e.g. Datix, RL Systems etc.) is chosen, the procurement process (RFI) will commence. o Once procured, the Quality Department will provide education in the form of in-services to all relevant end users. o Superusers will also be sought to champion and support any ongoing issues for end user staff. 16. Provide awareness / education on Change Management: 17. Approval will be sought for implementation of a standardized hospital wide communication tool e.g. 'Team STEPPS' 18. Secure Human Resource policies to promote and protect staff from retaliation e.g. Code of Conduct, Whistle blower, Dignity at Work, Grievance, and Confidentiality 19. Ensure all Framework of Care documents e.g. Policies, Clinical Practice Guidelines, Care Pathways and Procedures are developed in accordance with evidence based or best practice and aligned to Joint Commission International Standards.

Commitment Timeline

As AJCH is a relatively new organization (opened November 2016) and as yet is not fully operational to its' intended maximum capacity of 200 acute care beds, recruitment and onboarding of a full complement of healthcare team members is an ongoing and top priority. It is our intention that by the end of 2018 that a 'Culture of Safety' is commenced in earnest, adopted by all members of the AJCH healthcare team and integrated into the values and everyday culture of the organization.

Impact Details

Lives Lost in Last Calendar Year

8

How many lives do you expect to spare from harm in the next calendar year?

0

How many lives do you expect to save in the next calendar year?

0

Methodology for Determining Lives Saved

See Action plan described above