



臺中榮民總醫院
Taichung Veterans General Hospital

機構如何執行安全巡視 臺中榮總之經驗分享 (Patient Safety WalkRounds)

臺中榮民總醫院 品質管理中心
劉時安 醫師/陳容珍 專員

個人經歷



• 學歷

- 國立陽明大學醫學系醫學士 (1986.09 ~ 1993.05)
- 中國醫藥大學醫務管理學碩士 (2003.09 ~ 2005.05)
- 台灣大學健康政策與管理研究所 (2020.09 ~)

• 經歷

- 台中榮民總醫院耳鼻喉科主治醫師 (2001.03 ~)
- 台中榮民總醫院口腔咽喉科主任 (2010.01~ 2013.10)
- 台中榮民總醫院喉頭頸科主任 (2013.11~ 2017.12)
- 台中榮民總醫院耳鼻喉頭頸部副主任 (2018.01~)
- 教育部審定國立陽明大學兼任教授 (2018.02~)
- 台中榮民總醫院品質管理中心病人安全管理科主任 (2019.08 ~)
- 台中榮民總醫院品質管理中心代理主任 (2020.01 ~)

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Patient Safety Leadership WalkRounds™

MORE ON THIS TOPIC

COVID-19: Patient Safety and Quality Improvement Skills to Deploy During the

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巡檢/巡察

巡迴檢驗就是檢驗工人按一定的時間間隔和路線，依次到工作地或生產現場，用抽查的形式，檢查剛加工出來的產品是否符合圖紙、工藝或檢驗指導書中所規定的要求。在大批大量生產時，巡迴檢驗一般與使用工序控制圖相結合，是對生產過程發生異常狀態實行報警，防止成批出現廢品的重要措施。當巡迴檢驗發現工序有問題時，應進行兩項工作：

一是尋找工序不正常的原因，並採取有效的糾正措施，以恢復其正常狀態；

二是對上次巡檢後到本次巡檢前所生產的產品，全部進行重檢和篩選，以防不合格品流入下道工序（或用戶）。

巡迴檢驗是按生產過程的時間順序進行的，因此有利於判斷工序生產狀態隨時間過程而發生的變化，這對保證整批加工產品的質量是極為有利的。為此，工序加工出來的產品應按加工的時間順序存放，這一點很重要，但常被忽視。

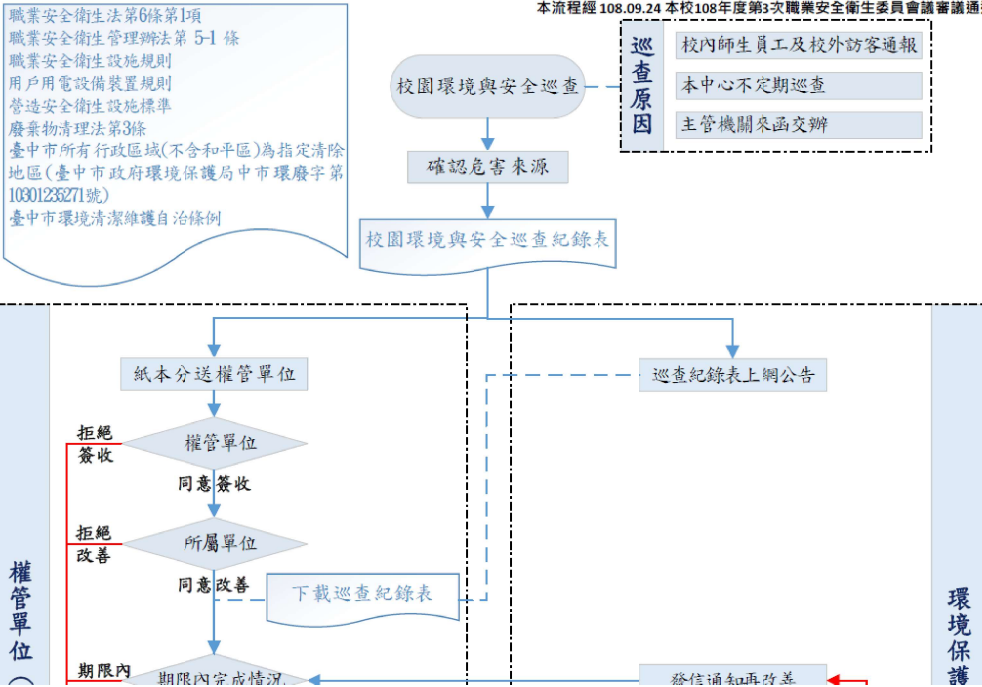
巡檢/巡察



最後修訂日期
108年09月25日

環境保護暨安全衛生中心 (Center for Environmental Protection and Occupational Safety and Health) 校園環境與安全巡查管理流程

本流程經 108.09.24 本校 108 年度第 3 次職業安全衛生委員會審議通過



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巡檢/巡察



巡檢作業可提早發現異常的徵兆

以利進行檢修與分析原因，有效防範工安事故及停機的發生

傳統巡查作業

- 帶著紙本進行巡檢。
- 無欄位進行紀錄，僅能在紙本空白處書寫，容易流於型式。
- 設備異常原因追查不方便，無法有效分析異常原因。
- 巡檢人員可能因偷懶，導致巡檢作業不確實。



我們的系統優點

- 隨時掌握巡檢狀況。
- 落實巡檢降低工安問題。
- 異常追蹤處理。
- 分析原因減少異常再發生。

來源：臺泥網站

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智慧巡檢方案

結合 Wi-Fi 通訊定位技術，維繫製程管理中 4M+1E，“人”(Man)、“機”(Machine)、“物”(Material)、“法”(Method)、“環境”(Environment) 五大核心要點，以落實巡檢與點檢作業



巡檢人員攜帶巡檢表格紙本資料繁雜?

透過行動裝置，即可完成巡點，落實巡檢無紙化



擔心巡檢不確實或不小心出借?

現場Wi-Fi定位巡檢人員，每巡檢點掃描QR Code即可跳出對應的巡檢項目，確保巡檢真實及正確性



異常事件人工輸入耗時耗力，且容易出錯?

系統可支援影像與語音檔記錄，讓異常事件完整記錄

數位科技巡檢/巡察


活動專區

智慧巡檢

智慧空中(無人機)

提供高空勘查作業
精準掌握現場狀況

5G低影像即



網際家數位科技
IPRO Digital Technology Co., Ltd.

[首頁](#) [RFID](#) [企業行動](#)

系統架構圖



設備預防保養管理平台

設備管理、計畫管理
履歷查詢、異常管理

行動巡檢
設備標籤管理、巡檢/維修表單填寫

病人安全巡查之起源



- Institute for Healthcare Improvement (IHI), 美國醫療照護改善研究機構
- In 2000, IHI convened a group of patient safety experts to envision and specify the characteristics of an ideal medication system.
- An important element of such a system was the strong commitment of senior leadership to a culture that encouraged safety.
- The author conceived of WalkRounds™ during these IHI meetings, as a tool **to connect senior leaders with people working on the front line** — both as a way to **educate senior leadership about safety issues** and to signal to front-line workers the senior leaders' commitment to creating a culture of safety.

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Dr. Allan S. Frankel



Allan S. Frankel, MD, is a Principal at Safe & Reliable Healthcare, a group that works in patient safety, quality, organizational learning, leadership coaching and teamwork. He was one of the founders of Pascal Metrics, Inc., and served for six years as its Co-Chief Medical Officer. Prior to that for seven years he was the Director of Patient Safety for Partners Healthcare in Boston. He practiced pediatric, cardiac, and general anesthesia in academic and private

institutions before embarking on a journey to study and improve patient safety and healthcare reliability. Throughout, he has been on IHI faculty co-chairing Patient Safety Collaboratives, teaching in IHI's Patient Safety Executive Development Program, and as faculty on the UK's Safer Patients Initiative and Scottish Patient Safety Programme. Dr. Frankel has worked to improve the safety and reliability of health systems from Singapore to Saudi Arabia, in every state in the USA and all the provinces of Canada.

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❖ Patient Safety Leadership WalkRounds™



By using Patient Safety Leadership WalkRounds™ weekly, **senior leaders** of health care organizations can demonstrate to staff the organization's commitment to building a culture of safety. WalkRounds are conducted in patient care departments (such as the **Emergency Department, Radiology Department, and operating rooms**), the **pharmacy, and laboratories**. They provide an **informal method** for **leaders to talk with front-line staff** about safety issues in the organization and show their support for reporting of errors.

This tool describes the format for WalkRounds, suggests questions to ask staff, and indicates which senior leaders should participate and where to conduct the rounds. Review and modify the instructions as needed for your organization before initiating this program. Many organizations that have conducted **WalkRounds™** in conjunction **with Safety Briefings** have achieved greater success in changing the culture than organizations that use either tool alone. Focusing solely on safety during these rounds is a **more successful** strategy for **promoting creating a culture of safety** than digressing to other topics such as budgets and patient satisfaction.

This tool contains:

Institute for Healthcare Improvement
Allan Frankel, MD
Director of Patient Safety
Partners Health Care System
Boston, Massachusetts, USA

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病人安全巡查之指導原則



- Senior leaders should commit to conducting WalkRounds™ **at a minimum of once per week**, with no cancellations. (Circumstances may demand postponement from an originally scheduled date, but the WalkRounds™ should still occur within the original week.) 每個星期都要一次
- Members of the **senior executive team can rotate** for easier scheduling, but ideally every senior leader should perform WalkRounds™ every week. 高階主管可輪流進行
- Organizations should decide **whether or not to announce the time** and place of WalkRounds™ in advance, and the decision should be agreed to by all parties (senior leaders, managers, physicians, and front-line staff). 可採事先通知或突擊巡查

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為什麼要實施病人安全巡查?



- Demonstrate commitment to safety. 表達對病安之重視與承諾
- Fuel culture for change pertaining to patient safety. 促進病安文化改變
- Provide opportunities for senior executives to learn about patient safety. 高階主管學習
- Identify opportunities for improving safety. 促進病安文化之機會
- Establish lines of communication about patient safety among employees, executives, managers, and employees. 病安溝通
- Establish a plan for the rapid testing of safety-based improvements. 建立改善病安文化之計劃



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病人安全巡查的目標



- One hundred percent of employees will believe that a non-punitive policy regarding medical adverse events is in effect and working. 相信病安通報是不咎責
- Spontaneous reporting of adverse drug events (ADEs) and other adverse events will **increase by 400 percent**. 病安通報量會增加
- **Each manager will implement four safety-based changes** per year based on information obtained in part through the WalkRounds. 達成4個改變 (病人安全相關)
- **Eighty percent of managers** will respond that their attitudes toward adverse events have changed as a result of the WalkRounds in a manner that **improves the delivery of care**.
- **A decrease in adverse events by 50 percent** will be achieved hospital-wide, as ascertained by a hospital-wide system of surveillance of adverse events. 不良事件能減少百分50

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可供參考之量測指標



- Response to **cultural survey** of front-line workers and managers (process measure)
- **Number of errors reported** per month from voluntary reporting systems (outcome measure)
- Number of safety-based changes made by managers per year 相關議題的改善方案數目
- Percent of changes in overall surveillance data (for example, infection rates) 指標的數值



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Taichung Veterans General Hospital



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病人安全巡查之文獻







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Patient Safety Leadership WalkRounds™

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Article-at-a-Glance

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Patient Safety Leadership WalkRounds™



- Comments of frontline clinicians and executives suggested that WalkRounds™ helps educate leadership and frontline staff in patient safety concepts and will lead to cultural changes, as manifested in more open discussion of adverse events and an improved rate of safety-based changes. 可提升員工對病安之認知，達成病安文化之正向改變，也讓同仁們更開放性的討論病安議題，提升整體病安文化



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OPEN ACCESS

Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout

J Bryan Sexton,^{1,2} Kathryn C Adair,³ Michael W Leonard,^{4,5} Terri Christensen Frankel,⁴ Joshua Proulx,⁴ Sam R Watson,⁶ Brooke Magnus,⁷ Brittany Bogan,⁸ Maleek Jamal,⁹ Rene Schwendimann,¹⁰ Allan S Frankel⁴

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bmjqs-2016-006399>).

For numbered affiliations see end of article.

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ABSTRACT

Background There is a poorly understood relationship between Leadership WalkRounds (WR) and domains such as safety culture, employee engagement, burnout and work-life balance.

Methods This cross-sectional survey study evaluated associations between receiving feedback about actions taken as a result of WR and healthcare worker assessments of patient safety culture, employee engagement, burnout and work-life balance, across 829 work settings.

Results 16 797 of 23 853 administered surveys were returned (70.48%). 5407 (32.2%) of total respondents that

WalkRounds (WR),¹ where front-line healthcare workers (HCW) are encouraged by leadership to identify and resolve issues related to the safe delivery of care. Fundamentally, WRs are a form of observable leadership engagement with quality that can be an empowering resource for HCW,² at a time when resources are scarce. Contemporary healthcare delivery is increasingly complex, as new demands for efficacy, transparency, regulation and

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Strategies for improving patient safety culture in hospitals: a systematic review

Renata Teresa Morello,¹ Judy A Lowthian,¹ Anna Lucia Barker,¹ Rosemary McGinnes,¹ David Dunt,² Caroline Brand¹

► Additional data are published online only. To view these files please visit the journal online (<http://dx.doi.org/10.1136/bmjqs-2011-00582>).

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ABSTRACT

Purpose To determine the effectiveness of patient safety culture strategies to improve hospital patient safety climate.

Data sources Electronic search of the Cochrane Library, OVID Medline, Embase, CINAHL, proQuest and psychinfo databases, with manual searches of quality and safety websites, bibliographies of included articles and key journals.

Study selection English language studies published between January 1996 and April 2011 that measured the effectiveness of patient safety culture strategies using a quantitative measure of patient safety climate in a hospital setting. Studies included were randomised controlled trials (RCTs), non-RCTs, controlled before and after studies, interrupted time series and historically controlled studies.

INTRODUCTION

There is a current focus on measuring and improving patient safety culture to enhance patient safety in hospitals.¹ This is reflected in the increasing number of literature reports on patient safety culture performance.^{2–13} Patient safety culture is encouraged at jurisdictional and organisational levels by national health policy makers, with hospitals routinely administering surveys in many countries.^{14–16} Patient safety culture (figure 1), a component of organisational culture, includes the shared beliefs, attitudes, values, norms and behavioural characteristics of employees¹⁷ and influences staff member attitudes and behaviours in relation to their organisation's ongoing patient safety performance.^{18–21}

Accurate measurement of patient safety

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Promoting a Culture of Safety as a Patient Safety Strategy

A Systematic Review

Sallie J. Weaver, PhD; Lisa H. Lubomski, PhD; Renee F. Wilson, MS; Elizabeth R. Pfoh, MPH; Kathryn A. Martinez, PhD, MPH; and Sydney M. Dy, MD, MSc

Developing a culture of safety is a core element of many efforts to improve patient safety and care quality. This systematic review identifies and assesses interventions used to promote safety culture or climate in acute care settings. The authors searched MEDLINE, CINAHL, PsycINFO, Cochrane, and EMBASE to identify relevant English-language studies published from January 2000 to October 2012. They selected studies that targeted health care workers practicing in inpatient settings and included data about change in patient safety culture or climate after a targeted intervention. Two raters independently screened 3679 abstracts (which yielded 33 eligible studies in 35 articles), extracted study data, and rated study quality and strength of evidence. Eight studies included executive

walk rounds or interdisciplinary rounds; 8 evaluated multicomponent, unit-based interventions; and 20 included team training or communication initiatives. Twenty-nine studies reported some improvement in safety culture or patient outcomes, but measured outcomes were highly heterogeneous. Strength of evidence was low, and most studies were pre-post evaluations of low to moderate quality. Within these limits, evidence suggests that interventions can improve perceptions of safety culture and potentially reduce patient harm.

Ann Intern Med. 2013;158:369-374.
For author affiliations, see end of text.

www.annals.org

結果指出: 8 篇, 員工對於病安文化之感受及認知均明顯提升, 有3篇指出照護的過程有進步 甚至有一篇指出照護之成本降低了



作家

- 加入好友
- 推薦部落格
- 訂閱關注
- 留言給他

詹廖明義

個人小檔案

- 部落格推薦 : 13
- 等級 : 8
- 出閣人氣 : 1,871,541
- 本日人氣 : 299
- 文章創作 : 802
- 回響數 : 74

耶誕節再談病人安全巡查(Patient Safety Walkrounds)

2014/12/15 09:54

1,339 0 0 0

病人安全巡查(Patient Safety WalkRounds)在英美, 是醫院高層(Senior Leadership)為了對內外展現他重視病人安全之最好的證明與"Showcase"~常遠看來或許是獲利性活動!

它早已是一個有註冊商標的病安工具, 在英美已流行多年, 至今全球已有數千家醫院導入, 並不是什麼新的玩意兒。

格主早在4年前就曾在Blog中強調過, 就算是院長喜歡作秀, 選擇耶誕節時打扮成聖誕老人去病

房探視一下環境安全, 象徵性的發放小禮物, 一定是會很受人歡迎的。



其實病安巡查要查看的並不是只有環境, 而是針對醫療整體的風險管理或安全管理, 有心的主管, 建議您有恆且規則性地做下去, 才有腳踏實地的感覺。

- 擬訂計畫
- 組織團隊
- 訪談主題
- 選定對象
- 確定訪談方式
- 訪談前準備
- 訪談技巧
- 訪談後會辦

109年病安工作目標-目標二

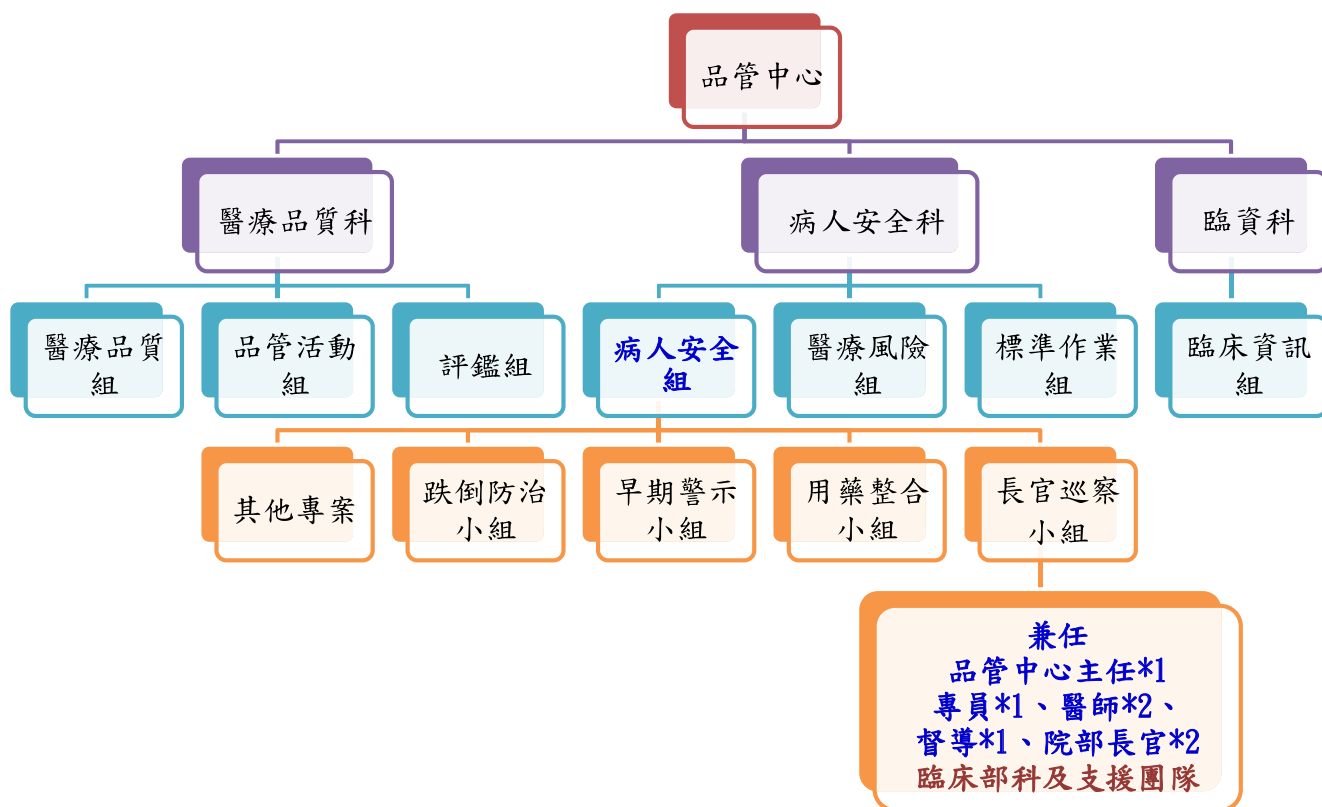
1.2營造病人安全優先的組織文化，鼓勵員工主動提出病安的顧慮及建議。

1.2.1醫院應宣示病人安全優先的政策，推動為病安發聲的運動，以營造病人安全文化。

1.2.2醫院應提供教育訓練，鼓勵員工適時說出病安顧慮並能以適切的方式提出建議，尤其是當進行中的醫療處置可能造成病人危害時，鼓勵員工要主動說出來。

1.2.3醫院主管應積極聆聽員工對於病安的顧慮及建議，可以導入病人安全巡視(Patient Safety WalkRounds)，至各單位宣示病人安全優先的政策，並了解病人安全的障礙、聽取員工的意見或建議。

臺中榮總 推動團隊簡圖



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實施方法



- 頻率：
 - 由品管中心主任帶隊，每個月一次，配合Tracer行程，以減少對臨床作業之影響
 - 院部長官每季一次
 - 於109年4月啟動
- 型式
 - 團體訪談
 - 工作或職務中之訪談
 - 會議室，由二級主管及2年以上人員

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訪談五步驟



確認訪談主題與內容

訪談準備

準備不被干擾的環境

訪談問答

訪談紀錄

訪談準備



- 訪談前工作準備
 - 約訂訪問之見面時間、地點、及訪談之預估時間長度(建議30~40分鐘)
 - 傳送訪談題目給受訪單位
 - 請記得徵詢受訪者是否同意接受拍照
 - 該單位病安通報案件
- 訪談現場
 - 介紹自己，並說明目的
 - 了解受訪者之基本資料(含職稱及年資)
 - 說明有一張側面或是背面照片
 - 親切、笑容

- 您能回想過去一個星期有沒有什麼事件造成病人延長住院的嗎?
 - 未按時回診
 - 溝通不良
 - 藥物事件
- 最近有跡近錯失 (Near Miss) 事件差點造成病患傷害 (但實際上沒有) 嗎?
 - 藥物拿錯，或藥物劑量算錯，但給藥前發現
 - 輸液幫浦滴數輸錯，但有警示響起
 - 醫師下錯醫囑但護理人員或其他醫事人員發現
- 最近有沒有病人受到傷害的事件?
 - 感染
 - 術後併發症
 - 藥物引起之併發症
 - 藥物引起之副作用

結語

- 領導者的投入
- 病安文化的提升
- 可提升員工對病安之認知，並達病安文化之正向改變
- 讓同仁們更開放性的討論病安議題，提升整體病安文化
- 可能之指標：
 - 病安文化調查分數
 - 員工滿意度
 - 離職率
 - 其他指標？



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Taichung Veterans General Hospital



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敬請指教
Thank you !



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