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## GREETINGS FROM ACP CHAIR



Dear all,

Our ACP just turned 2! At the recent Academic Day in June, we had an opportunity to reflect on the growth and progress we have

made in these 2 years. Apart from that, our guests, Professor Ian Curran and Ms Stefanie Yuen-Thio shared their invaluable insights on education and philanthropy respectively. We also welcomed the new R1 residents and celebrated the promotion of our R3 residents to senior residency. The afternoon team building event proved to be a hit with some faculty displaying their culinary and dancing moves. A big thank you to Raymond for organizing an engaging day together with the help of our senior residents, Leonard and Charlene and of course, our admin team led by Christine.

Our efforts to engage our alumni in

philanthropy efforts have been encouraging. Our alumni have expressed their gratitude for the mentoring and development they received in the past and are keen to give back to our field. Their hope is that their gesture will encourage others and future Anaesthesiologists to do the same by paying it forward, in due time. Together, our alumni including a significant gift from one of them, allowed us to launch our Senior Resident Talent Development Fund soon. Special thanks to Boon Leng and June for championing this.

On another note, the Clinical Quality and Services pillar has been making progress in creating a framework for quality improvement initiatives with a focus on patient safety.

Our ACP retreat will be on 1 September 2018. We are engaging an external facilitator to help us strengthen collaborations across our various institutions to strategically forge ahead. We look forward to a fruitful and engaging discussion on mapping our way forward for the next 5 years.

A/Prof Ruban Poopalalingam  
ANAES ACP Academic Chair

## CONGRATULATIONS!

We would like to congratulate the following Anaesthesiologists who have been awarded National Medical Research Council (NMRC) grants!



**DR HAIRIL RIZAL**  
NMRC Clinician  
Scientist / Clinician  
Investigator Salary  
Support Programme  
2017 - 2019



**DR LEONG WAN LING**  
NMRC Clinician  
Scientist / Clinician  
Investigator Salary  
Support Programme  
2017 - 2020

## WORDS FROM ACP VICE CHAIR



Since the formation of the ACP, we have seen an increase in opportunities for our departments to share and collaborate on various aspects of clinical quality and safety. We have also taken steps to encourage staff to be more involved in quality improvement. In this edition of the ACP newsletter, we hope to highlight some of these initiatives and further promote the sharing of ideas. Happy reading!

Dr Teo Li-Ming  
ANAES ACP Academic Vice Chair (Clinical Quality & Services)



# Learnings from the International Forum on Quality & Safety in Healthcare

The International Forum on Quality & Safety in Healthcare is one of the world's largest conferences for healthcare professionals committed to improving patient care and safety. This year's forum was held in Amsterdam, The Netherlands in May 2018. A few of our Anaesthesiologists share with us their key learning takeaways from this forum.

## Importance of a Safety Culture

There are 3 phases of improving safety. The 1st phase includes implementing technology and standards, followed by the 2nd phase of implementing safety management systems. As the system improves and we become safer and safer, we head into the 3rd phase which involves behavioral, leadership and cultural improvements. One of my learnings is that these aspects can also form the foundation for safety but is the most difficult change to drive. You may have a lot of workflows and processes created, but if there is no culture of improvement, these processes become redundant.

## Person Centered Healthcare

The healthcare system consists of both the patient and healthcare provider. You cannot care for one without caring for the other, hence it is important that we should be mindful to care for the healthcare provider as well.

At times, we plan a workflow from the perspective of the provider and we don't design the process from the patient's perspective until we encounter a complicated case, for example, an autistic patient, and that is when the process (eg. journey of the patient) is then looked into. We need to strive towards providing patient centered healthcare by redesigning our workflow and processes from a patient's perspective.

## To Do What Really Matters

We should always ask ourselves - What matters to the patient? What matters to the staff? In healthcare, sometimes what we do may not have any impact on the patient because we do not ask what matters to them. These are important conversations that we should start having, and often the answers that come back from patients may not be what we think it would be (eg. A child would like to have their medications taken in a certain way).

By Dr Siow Yew Nam,  
Head of Department, Department of  
Paediatrics Anaesthesia, KKH

## Drivers for Improvement

The primary drivers for improvement include having person centeredness, front line engagement, relentless focus, transparency and boundarylessness. Boundarylessness involves encouraging and practicing systems thinking and collaboration across boundaries both internal and external. With this, social capital (trust and connectiveness) is maximized. Secondary drivers for improvement include the use of measurement, "Ask-Listen-Empower-Sustain" to maximize intrinsic motivation. One example is having the team leader meet with every staff member and commensality by "sharing a meal together".

By A/Prof Soh Chai Rick,  
Head of Department, Department of  
Anaesthesiology, SGH





International Forum on  
**QUALITY & SAFETY**  
in **HEALTHCARE**

Amsterdam 2018

2-4 May 2018

Reclaiming the Quality  
in Healthcare

## The Importance of Data in Driving Improvement

One speaker highlighted the importance of using data that is already available, whether in your local setting or available internationally to drive improvement within the system. It is important to engage the ground on the relevant data to collect, the methodology of collection and its interpretation so that they trust and buy in to the results. Another point to highlight is that the improvement that we want to achieve is ultimately for the patients, hence we should also take this into consideration when we decide on the kind of data to collect and the improvements we want to make.

By A/Prof Ruban Poopalalingam,  
Academic Chair, ANAES ACP

## Successful QI Projects

Quality Improvement (QI) needs to be supported by data and measurable outcomes. While digitalising our workflows and processes can lead to some quality improvement by itself, the greatest returns will come from being able to use the data to support further QI.

Successful QI projects should address what actually matters to patients and staff. This may not be obvious unless their opinions are directly sought. Staff who are supported and empowered in the workplace will be able to deliver the peak moments that patients remember to be representative of their entire experience.

## Engaging Patients in M&M Meetings

The most remarkable initiative was engaging patients in the morbidity and mortality meetings. Far from being angry or litigious, patients were satisfied knowing that their complication was not being dismissed as just another statistic, but that the entire healthcare team was being open and committed to preventing similar recurrences. I think we are far from reaching this level of openness, but that it is perhaps an idea that we can work towards.

By Dr Aaron Lee,  
Senior Consultant, Department of  
Anaesthesiology, SGH

## Would You Recommend This Conference to Others?

**Dr Siow:** I will recommend. It is well organised, the programme is interesting, varied, and of high quality.

**A/Prof Soh:** I would recommend this conference for other Anaesthesiologists as this is the 2nd most important meeting for Quality Improvement after the main IHI meeting held in the US.

**A/Prof Ruban:** This is the 2nd International Forum on Quality and Safety in Healthcare I have attended. The sharings and insights gained from these conferences open up your mind to understand how the entire healthcare system works and how you can contribute in a much bigger way. I would recommend other Anaesthesiologists to attend the conference.

**Dr Lee:** Highly recommended to attend. They are well-organized conferences held in beautiful cities. Upcoming ones are in Melbourne (September 18) and Glasgow (March 2019). Many of our projects and initiatives are suitable for presentation to the global audience.



Know of any Clinical Quality or Patient Safety Conferences that you are interested in or would like to attend?  
Let us know [via this survey link!](#) (only accessible via intranet)

# ANAES ACP Projects Awarded ACP Programme Funding

A number of projects initiated by our Anaesthesiologists were awarded the ACP Programme Funding - Clinical Innovation Support by the SingHealth Duke-NUS Joint Office of Academic Medicine. The objective of this funding is to support ACP initiated programmes that will seed development and facilitate advancement to achieve the Academic Medicine strategic goals. Here is a short write-up of 2 of these Anaesthesiologist-led projects!

## The use of perioperative music listening on anxiety, pain, analgesia use and patient satisfaction in patients undergoing surgery

by A/Prof Sng Ban Leong  
Head of Department  
KKH Department of Women's  
Anaesthesia

Music has been shown to decrease pain in the perioperative period by reducing cortisol levels, modulating our body's inflammatory response, and lowering blood pressure and heart rate. Additionally, anxiety scores have shown to be reduced in the perioperative period when music therapy was made available. Music listening may also improve patient satisfaction and experience during their surgical admission.

This study is based on a collaboration between Duke Anesthesiology, Duke-NUS Medical School and Department of Women's Anaesthesia, KK Women's and Children's Hospital. Our prospective study aims to recruit patients undergoing surgery to evaluate the effectiveness of music in reducing preoperative anxiety, use of pain relief and enhancement of postoperative recovery. The clinical relevance of music listening in the local context and cultural setting will also be investigated. Patients will be instructed on music listening using an iPod touch with more than 1400 songs across 34 pre-saved playlists spanning different music genres.

Our preliminary findings found that perioperative music listening is feasible and is associated with high patient satisfaction. This project also enhances academic medicine through a multidisciplinary collaboration between anaesthesia, nursing and music therapy.



## Controlled medicine access management system

by Dr Ong Yee Yian, Consultant,  
and Dr Lee Yi Lin, Associate  
Consultant, SGH Division of  
Anaesthesiology & Perioperative  
Medicine

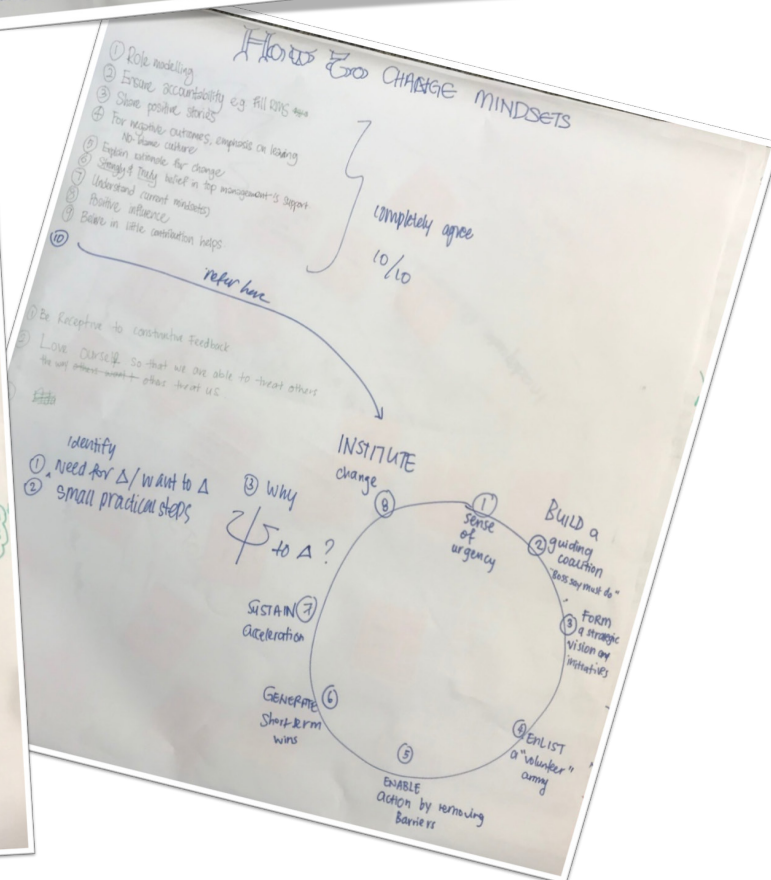
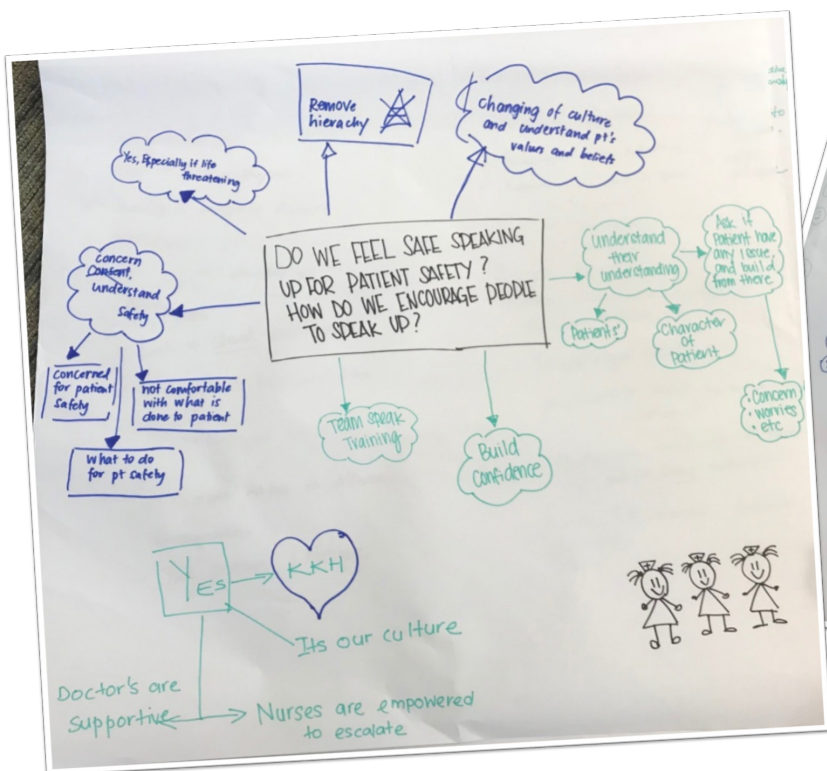
In the Operating theatre (OT) in SGH, the current process of managing and monitoring Controlled Drug (CD) use in the OT is paper-based, difficult to track, labour-intensive and is fraught with problems related to human error. Although there are existing commercial Information Technology (IT) solutions available in the market, the prohibitive costs and inability to customize to unique specifications makes them impractical for our use.

The project team aims to develop a Controlled Medicine Access and Management System to improve clinical efficiencies and workflows of handing CDs in the OT. Our multi-disciplinary team of physicians, nurses, pharmacists and technicians with the help of a Singapore based IT start-up company will aim to develop a novel and yet easy-to-use system in the management of CDs used in the Operating Theatres, which can potentially be expanded across other Operating Theatres within the Singhealth cluster.

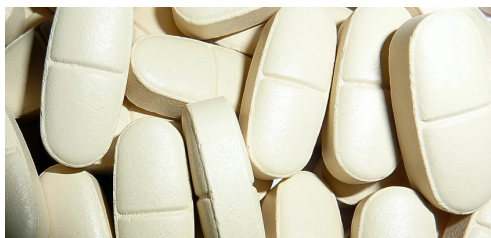
The team is currently working with the IT start-up company on the first few prototypes for the system, taking into consideration feedback from the Anaesthesiologists, nurses and pharmacists. We hope to trial a prototype in the OT at the end of the year.

# World Cafe Clinical Speed Discussions @ ANAES ACP Academic Day

During the ANAES ACP Academic Day held on 30th June 2018, the Clinical Pillar organized a 'world café' interactive speed discussion session. Participants had the opportunity of moving around the room and discussing on topics related to QI and patient safety. This session saw clinicians and nurses, regardless of seniority, come together to tackle questions that are relevant to their line of work. Here are some of the ideas that were conceptualized during this one hour session!



# Paracetamol Related Medication Errors Across the ACP



**CASE 1:** IV paracetamol was given to a patient documented Paracetamol allergy before time-out was called.

**CASE 2:** Doctor had overlooked the volume of Paracetamol infusion bottle available in the OT. Doctor was under the impression that the infusion bottle was 500mg in 50ml, and not 1g in 100ml. 2 bottles of 1g/100ml of paracetamol were given to patient.

Over the past 6 months, we have encountered a significant number of medication errors related to Paracetamol across the departments in ANAES ACP. Reasons for these errors include:

1. Oversight of the volume of Paracetamol infusion bottle in the OT
2. Poor communication and improper handover resulting in overdose
3. Failure to check for Paracetamol allergy before administering to the patient

Although Paracetamol is considered a simple drug to many, it is commonly delivered to patients at various

junctions of the perioperative process in different forms, by different people and at multiple locations. This, coupled with frequent change in rotations (and hence the unfamiliarity of preparations and processes), can lead to an increase in the number of errors.

## TAKE NOTE

Although action has been taken by the various departments to reduce such incidences from reoccurring again, we must be mindful to not overlook and be complacent when dealing with simple drugs such as Paracetamol.

## UPCOMING FACULTY DEVELOPMENT TALKS

### "READING PEOPLE" BY A/PROF DARREN KOH (SGH)

Aug	1 Aug (Wed) 7.15am	KKH OT Seminar Room, WTL2
	7 Aug (Tues) 7.15am	SGH Anaesthesia Conference Room
	13 Aug (Mon) 7.30am	CGH Boardroom, Level 2

### "HUMAN FACTORS IN QI AND PATIENT SAFETY" BY YIN SHANQING (KKH QSRM)

Sept	4 Sept (Tues) 7.15am	SGH Anaesthesia Conference Room
	5 Sept (Wed) 7.15am	KKH OT Seminar Room, WTL2
	10 Sept (Mon) 7.30am	CGH Boardroom, Level 2

### "REGIONAL ANAESTHESIA" BY DR LIM YEAN CHIN (CGH)

Oct	2 Oct (Tues) 7.15am	SGH Anaesthesia Conference Room
	3 Oct (Wed) 7.15am	KKH OT Seminar Room, WTL2
	8 Oct (Mon) 7.30am	CGH Boardroom, Level 2

## UPCOMING EVENTS

### ANAES ACP RETREAT 2018

1 September 2018

830am - 4pm

Lavender Ballroom,  
Hotel Fort Canning



29 September, Saturday

0800h

SGH Academia  
Simulation Lab, Auditorium