



Insights on Kuwait Risk Governance: Al Sabah Hospital's Risk Management Achievements

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INTRODUCTION

Al Sabah hospital is Kuwait's first general hospital built and inaugurated in June 20, 1962 by the late Emir of Kuwait, Sheikh Abdullah Al Salem Al Sabah. It started with a bed capacity of 515. At present, it has 525 bed capacity. It is the only general hospital in Sabah area with scattered buildings. It is a pooling area for 14 centers in Sabah hospital area. It consists of 3 general services: Medical, Surgical, General Pediatric department and Al Nafisi Dialysis Centre and Endocrinology.

OUR SERVICES

MEDICAL BLOCK

It consists of Medical Casualty, Medical OPD, Medical Wards (4 General and 2 private wards), Pharmacy, Radiology, Coronary Care Unit, Preventive medicine (transferred to a new building near Pediatric services).

SURGICAL BLOCK

It consists of Surgical Casualty/OPD, ENT Casualty, Surgical wards (3 general & 3 private ward), administrative, Pharmacy, Laboratory, Medical & Surgical ICU, Operating theatre (Main & Minor O.T.), Gastroenterology unit (belongs to medical department), Physiotherapy, Infection Control, Quality & Accreditation department.

PEDIATRIC BLOCK

It has Pediatric Casualty/OPD, 5 In Patient wards and Pediatric ICU

ALNAFISIS DIALYSIS

It was integrated in Sabah hospital in 2015. It has OPD and 4 wards that provide services 24hrs. In addition a dialysis unit with 4 beds is now open in operation in ward-8, Surgical since November 1, 2015.

timeline

2008

- Risk management used to be with morbidity and mortality committee however, it was not well utilized. It was a way to scrutinize medical staff.

2009

- Risk management committee was formed
- Guidelines for the following patient safety solutions were provided by the Quality & Accreditation Directorate and were distributed by the Quality Physician to all the departments.
 - Patient Identification
 - Correct Procedure at Correct body site
 - Medication Reconciliation
 - Incident Reporting
- Lectures were given to the hospital personnel on Incident reporting
- Shared in trainings and workshops regarding Risk management
- and Root cause analysis organized by Quality & Accreditation Directorate for the Risk Management committee members.

2010

- Guidelines for the following patient safety solutions were provided
 - Communication during handover
 - Look Alike and Sound Alike medications
 - Control of concentrated electrolytes
- Lectures and Implementation of the following patient safety solutions was done based on the guidelines.
 - Patient Identification
 - Correct Procedure at Correct body site
 - Control of concentrated electrolytes.

2011

- Implemented incident reporting utilizing the incident report form
- Lectures were given to the hospital personnel regarding the filling of the draft incident report form
- Root Cause analysis team was formed
- Incident report boxes were fixed in several areas
- Guidelines for Avoiding catheter and tubing misconnection was provided
- Lectures were given on the Patient safety solutions based on the guidelines.

2012

- Continued to share in workshop, lectures organized by Quality Accreditation Directorate for Risk management and Root cause analysis.
- More incident reports were received compared to the previous year.
- The recommendations made by the team were discussed in the Hospital Council committee meeting and action was taken by the Heads of the departments.
- The records of the incidents are stored using a SPSS data software.
- Teams were formed to prepare policies for the Nine patient safety solutions and Incident reporting system.
- Surgical Safety checklist was introduced and implemented.

2013

- Continued to give Lectures to the hospital personnel on Incident reporting and Nine patient safety solutions.
- Increase in incident reports due to effective training and confidentiality in reporting.
- Continued to share in workshop, lectures organized by Quality Accreditation Directorate for Risk management and Root cause analysis.
- From July onwards the incident reports were distributed to the assigned members of the Risk management committee, the incidents were analyzed, investigations were done and the results were discussed in the Risk management committee meeting.
- The records of the incidents were stored using a SPSS data software.
- Quarterly incident statistics were discussed in the Risk management committee and the hospital council committee.

2014

- Continued to give Lectures to the hospital personnel on Incident reporting and the Patient safety solutions based on the policies prepared by the teams.
- Continued to share in workshop, lectures organized by Quality Accreditation Directorate for Risk management and Root cause analysis.
- Maintained incident reporting system.
- Regular meetings of the Risk management committee.
- The records of the incidents were stored using a SPSS data software.
- Plan to increase the number of incident report boxes in all the areas of the hospital.

2015

- Strategic plan was developed.
- The risk management committee was divided into 5 sub committees as follows to increase safety and improve the services:
 - Risk analysis.
 - Scientific committee.
 - Safety walk group and hazard mapping.
 - Emergency risk planning.
 - Root cause analysis team for serious incidents.
- Plan is to implement all the Nine patient safety solutions by the end of the year.
- To maintain the incident reporting.
- Request sent to the concerned authority to provide more incident report boxes to install in various areas of the hospital.

INCIDENT REPORTING

- Sharing in workshop, lectures organized by Quality & Accreditation Directorate for Risk management and Root cause analysis.
- Incident report policy has been implemented in the hospital.
- Reporting the incidents in the hospital by putting the filled incident forms in the blue boxes or handing them over to the Quality & Accreditation office.
- Root cause analysis team formed for investigating the adverse and sentinel events.
- Maintenance of database for the data and analysis by using SPSS for the incidents reported.
- Established prompt action and feedback on incident reported to the concerned departments.
- Discussed the Recommendations during the time of Hospital Council & made the corrective action.