

Promoting a Culture of Safety

Our Journey at KPJ Sabah Specialist Hospital

Miranda Harumal
Chief Executive Officer
KPJ Sabah Specialist Hospital



KPJ Sabah Specialist Hospital

The Preferred Healthcare Provider

KPJ Sabah Specialist Hospital at a glance ...

 Part of a Hospital Network comprised of 25 hospitals in KPJ Healthcare Berhad.



455 Fulltime Employees

38

Resident Consultants

6 Medical Officers

KPJ's Strong Network of Hospitals





Nov 2017 - Nov 2021



April 2018



December 2018

Official Launch of 1st Private
Radiotherapy & Oncology
Centre in Sabah

March 2019
Awarded SATA 2019

- Industry Excellence (Healthcare & Wellness)
- Woman Masterclass

June 2019

1st Private Hospital certified as Litter Free Hospital in Sabah

August 2019

1st Authorized iBreastExam
Centre
(Towards Health 4.0)

VISION



The Preferred Healthcare Provider

MISSION



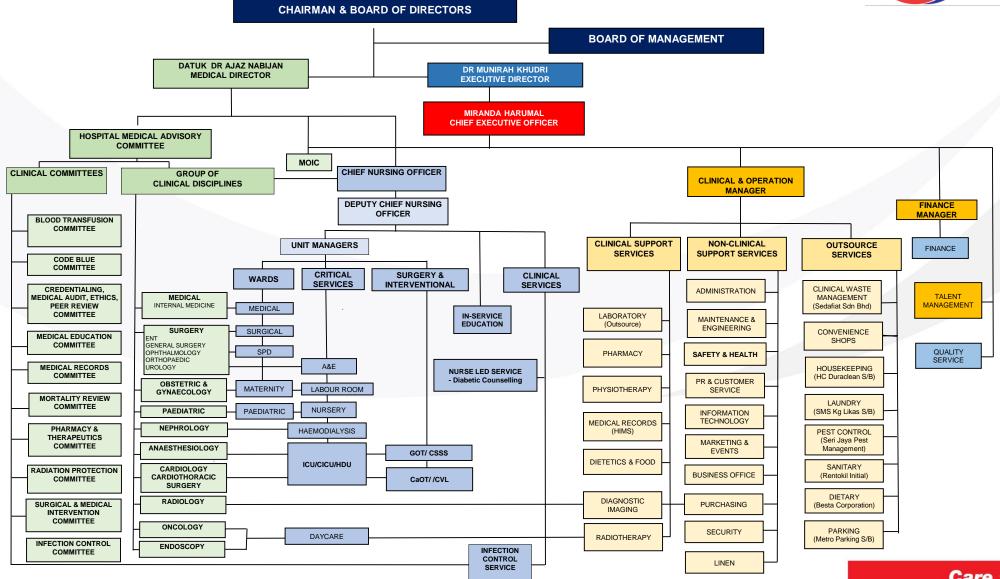
Deliver Quality Healthcare Services

CORE VALUES

- Safety
- Courtesy
- Integrity
- Professionalism
- Continuous Improvement

HOSPITAL ORGANIZATION CHART





Malaysian Patient Safety Goals (MPSG)

KPJ is committed to adhering to the MPSG as developed by the Patient Safety
Council of Malaysia to encourage both public and private healthcare organizations
to improve patient safety outcomes in the country.



MPSG GOALS

Our bid to contribute to the highest level of quality medical care in the nation.

GOAL NO. 1

To implement Clinical Governance

GOAL NO. 2

To implement the World Health Organisation's (WHO) 1st Global Patient Safety Challenge: "Clean Care is Safer Care"

GOAL NO. 3

To implement the WHO's 2nd Global Patient Safety Challenge: "Safe Surgery Saves Lives"

GOAL NO. 4

To implement the WHO's 3rd Global Patient Safety Challenge: "Tackling Antimicrobial Resistance"

GOAL NO. 5

To improve the accuracy of patient identification

GOAL NO. 6

To ensure the safety of transfusions of blood and blood products

GOAL NO. 7

To ensure medication safety

GOAL NO. 8

To improve clinical communication by implementing a critical value programme

GOAL NO. 9

To reduce patient falls

GOAL NO. 10

To reduce the incidence of healthcare associated pressure ulcers

GOAL NO. 11

To reduce Catheter-Related-Bloodstream Infection (CRBSI)

GOAL NO. 12

To reduce Ventilator Associated Pneumonia (VAP)

GOAL NO. 13

To implement an Incident Reporting and Learning System

Source : KPJ Healthcare Berhad Annual Report 2018

Safety At the Workplace

Policies and Regulations which KPJ Adheres to

Management of Accident of Staff Management of Accident of Patients/Visitors

Management of Infection Control

Management of Hazard Identification, Risk Assessment and Risk Control (HIRARC) Management of Incident Reporting Permit to Work and Management of Contractor/ Vendor

Management of Mercury Spillage Office Safety, Health and Environmental Manual

Management of Scheduled Waste

Workplace Inspection

Management of Permit To Work for Contractor/ Vendor/Supplier

0

Source : KPJ Healthcare Berhad
Annual Report 2018

- a structured system of Managing Safety at Workplace
- adoption of these 8 policies and regulations :
 - Management of accident of staff,
 - Management of Accidents of patients/visitors,
 - Management of infection control,
 - Management of Hazard, identification, risk assessment and risk control (HIRARC),
 - Permit to Work and management of contractors / vendor,
 - Management of incident reporting
 - Management of mercury spillage
 - Office, Safety, Health and Environmental manual

Initiatives to Reduce Health & Safety Incidents

Workplace Inspection Checklist Form

This form has been reviewed and revised by the OSH Committee and workplace inspection is to be conducted every 3 months as required by OSHA 1994.

Hazard Identification Risk Assessment and Risk Control/Determining Risk (HIRARC/HIRADC)

Reviewed and revised HIRARC/HIRADC as part of compliance to IMS for ISO Certification, MSQH and JCI.

Feedback Form

To act upon any feedback related to safety and health within the hospitals.

Source : KPJ Healthcare Berhad Annual Report 2018

Potential Fire Risk

Revised checklist on physical checks of all potential fire risk especially isolated areas or not commonly accessed by staff and contractors/ vendors.

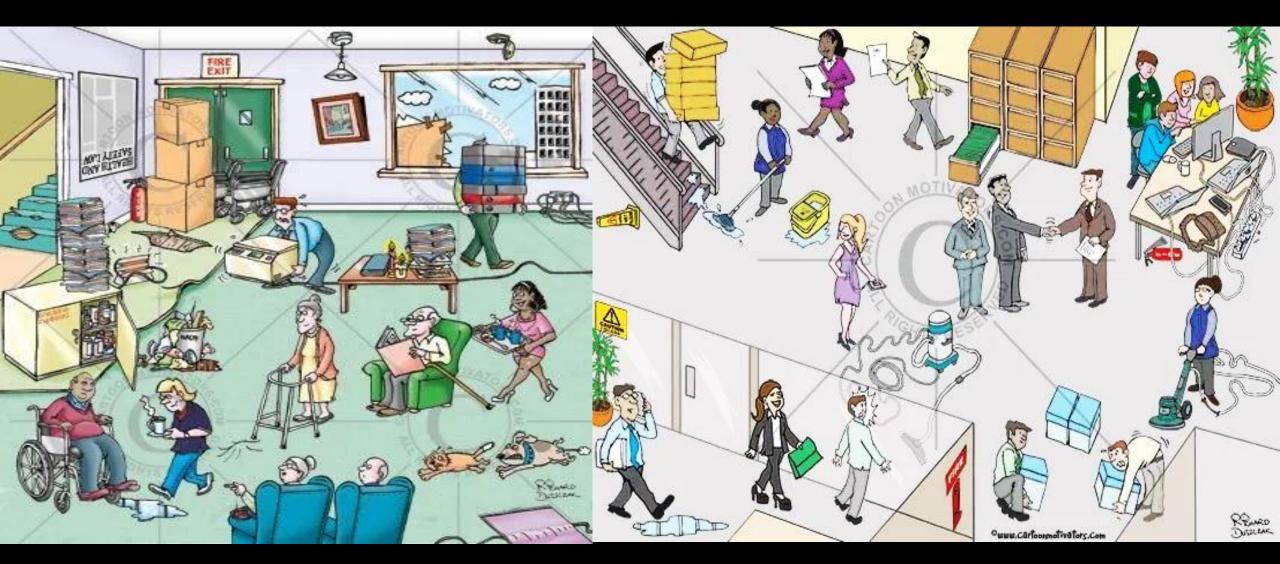
- 1. Workplace Inspection Checklist Form
- 2. Hazard Identification Risk Assessment & Risk / Determining Risk (HIRARC / HIRARD)
- 3. Feedback Form
- 4. Potential Fire Risk

Hazards in Healthcare

- Physical (Noise, Heat, Vibration, Lighting)
- Biological / Infections (HIV, HBV, H1N1,TB, etc)
- Chemical (Chemical disinfectants)
- Psychosocial (Shift Work, Stress, Anxiety, Depression, Burn out, Work Disengagement, Harassment, Violence)



A Day in the Hospital?



Source: www.safetycartoons.com

Original Article

The Perception, Level of Safety Satisfaction and Safety Feedback on Occupational Safety and Health Management among Hospital Staff Nurses in Sabah State Health Department

Whye Lian Cheah¹, Nelbon GILOI², Ching Thon Chang³, Jac Fang Lim²

Submitted: 27 April 2011 Accepted: 9 April 2012

- ¹ Department of Community Medicine and Public Health, Universiti Malaysia Sarawak, 93150 Kuching, Sarawak, Malaysia
- ² Sabah State Health Department, Universiti Malaysia Sarawak, 93150 Kuching, Sarawak, Malaysia
- ³ Department of Nursing, Universiti Malaysia Sarawak, Universiti Malaysia Sarawak, 93150 Kuching, Sarawak, Malaysia

Abstract

Background: This study aimed to determine the perception and level of safety satisfaction of staff nurses with regards to Occupational Safety and Health (OSH) management practice in the Sabah Health Department, and to associate the OSH management dimensions, to Safety Satisfaction and Safety Feedback.

Methods: A cross-sectional study using a validated self-administered questionnaire was conducted among randomly respondents.

Results: 135 nurses responded the survey. Mean (SD) score for each dimension ranged from 1.70 \pm 0.68–4.04 \pm 0.65, with Training and Competence dimension (mean [SD], 4.04 \pm 0.65) had the highest while Safety Incidence was the least score (mean [SD], 1.70 \pm 0.68). Both mean (SD) scores for Safety Satisfaction and Safety Feedback was high, 3.28 \pm 0.51 and 3.57 \pm 0.73, respectively. Pearson's correlation analysis indicated that all OSH dimensions had significant correlation with Safety Satisfaction and Safety Feedback (r coefficient ranged from 0.176–0.512) except for Safety Incidence.

Conclusion: The overall perception of OSH management was rather low. Significant correlation between Safety Satisfaction and Safety Feedback and several dimensions, suggest that each organization to put in place the leaders who have appropriate leadership and supervisory skills and committed in providing staff training to improve staff's competency in OSH practice. In addition, clear goals, rules, and reporting system will help the organization to implement proper OSH management practice.

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Significant correlation between Safety Satisfaction and Safety Feedback and several dimensions, suggest that each organization to put in place the leaders who have appropriate leadership and supervisory skills and committed in providing staff training to improve staff's competency in OSH practice.

In addition, clear goals, rules, and reporting system, will help the organization to improvement proper OSH management practice.

Tuberculosis (Edinb). 2004;84(1-2):19-23.

Risk factors of tuberculosis among health care workers in Sabah, Malaysia.

Jelip J, Mathew GG, Yusin T, Dony JF, Singh N, Ashaari M, Lajanin N, Shanmuga Ratnam C, Yusof Ibrahim M, Gopinath D.

Sabah Health Office, Tuaran, Sabah, Malaysia. jenjen64@tm.net.my

- Age, gender, history of TB contact outside the workplace (other than family contact), duration of service and failure to use respiratory protection when performing high-risk procedures, were the main risk factors of TB among health care workers.
- Based on the study findings, we recommend that health care workers in the first 10 years of service should take extra precautions, such as using respiratory protection when performing procedures that are considered to be of high risk with respect to TB infection.
- They should also undergo TB screening at least once every 2 years and, if symptomatic, offered prophylactic treatment.
- The Respiratory Protection Program should be fully implemented to help reduce the risk of TB among health care workers in Sabah.

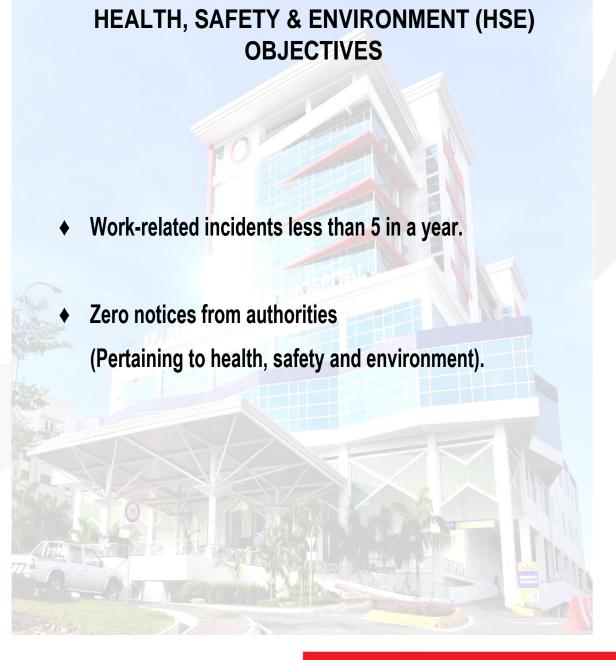


Culture of Safety at KPJ Sabah Specialist Hospital

HEALTH, SAFETY & ENVIRONMENT (HSE) POLICY

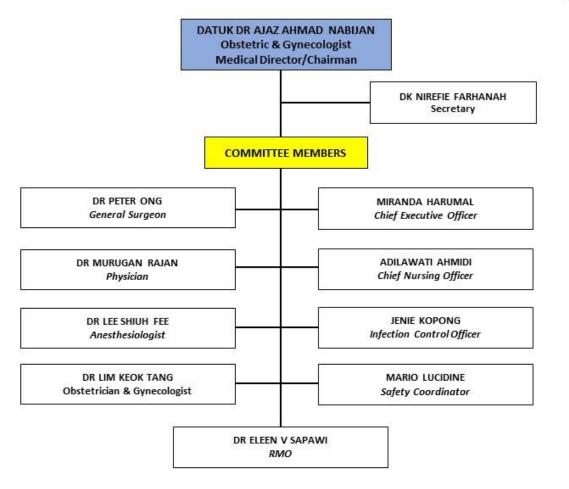
KPJ Sabah Specialist Hospital ("KPJSbSH") is dedicated and committed to ensure the health and safety of the employees, patients and visitors by providing a safe and healthy working environment in the course of its operations.

- ♦ KPJSbSH shall endeavour to take every reasonable and practical step to prevent and eliminate the risk of incidents, ill health, injuries and damage to the environment at all its premises.
- ♦ KPJSbSH shall ensure that all facilities it operates; and the services it provides are in compliance with the law and regulations, industry standards and best practices.
- ◆ KPJSbSH shall provide adequate resources, information and training; and shall communicate with staff, patients, customers and visitors on HSE related matters.
- ♦ KPJSbSH shall ensure that disaster preparedness and contingency plans are in place to deal with any disaster or emergency;
- ♦ KPJSbSH shall periodically review the HSE management policy and its effectiveness in satisfying the organization's requirements;
- ♦ KPJSbSH expects all its staff and contractors to strictly adhere to this policy at all times.





ORGANIZATION CHART RISK, SAFETY AND QUALITY COMMITTEE



APPROVED BY:

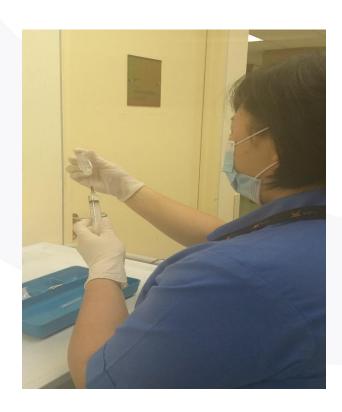


Datuk Dr Ajaz Ahmad Nabijan Medical Director Pn Miranda Harumal Chief Executive Officer

Date: 1st August 2018

Nursing





Nurse preparing injection for patients



Nurse giving injection to the patient.

- Most commonly, personal protective clothing in healthcare settings are used for infection control.
- PPE acts as a barrier between infectious materials and our skin, nose, mouth or eyes.
- This barrier has the potential to block the transmission of contaminants from blood, bodily fluids or respiratory secretions

Medical Laboratory





When working in a **lab**, **PPE** is almost always **necessary** to protect workers from chemical exposures and other hazards. ... It is **important** to choose the appropriate type glove for the hazard present, such as chemical resistant gloves, heat resistant gloves, etc







PPE: face shields, gloves, goggles (including protective glasses), gowns, head covers, masks, respirators, and shoe covers



Food preparation for patients.

Food Services / Dietary

- Wearing protective clothing when preparing food help to protect both patient and staff.
- Food safe gloves and hair nets help staff to hygienically prepare food and prevent foreign objects in falling on to food.

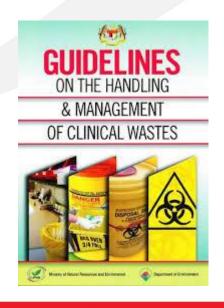


General / Terminal Cleaning



- General Cleaning
- Terminal Cleaning Infectious Diseases
- Disposal of General Waste / Clinical Waste / Scheduled Waste



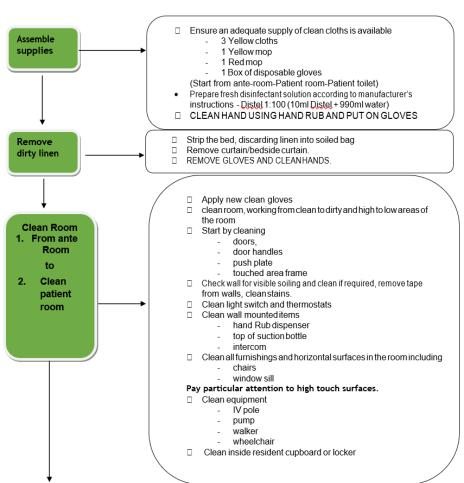


Care for Life

| | KPJ SABAH SPECIALIST HOSPIT | TAL . |
|------------|---|-----------------|
| MEALTHCARE | PREVENTION & CONTROL OF INFECTION POLICY | Document Number |
| TITLE | HOUSEKEEPING | KPJSbSH/PCIP/30 |

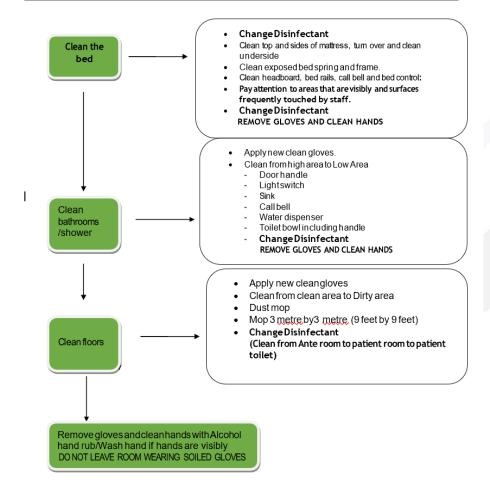
| | WORK INSTRUCTIONS | Document Reference |
|-------|-------------------|----------------------|
| TITLE | TERMINAL CLEANING | KPJSbSH/PCIP/WI/30.1 |

WORK FLOW



| (KD) | KPJ SABAH SPECIALIST HOSPIT | AL |
|-------|--|-----------------|
| KPJ | PREVENTION & CONTROL OF INFECTION POLICY | Document Number |
| TITLE | HOUSEKEEPING | KPJSbSH/PCIP/30 |





Care for Life



INCIDENT REPORTING

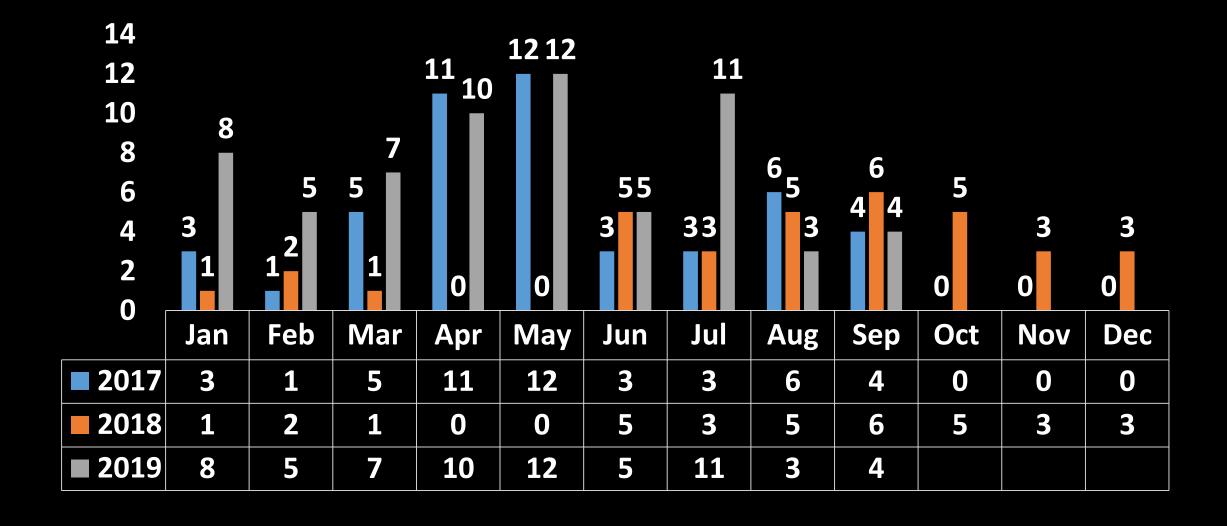








Incident Report Trending 2017 - 2019



| | KPJ Sabah Specialist Hospital Incident Reports | 201 | 9 | | | | | | | | | | | |
|----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| | CLINICAL INCIDENT | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| 1 | Patient fall | 4 | 1 | 1 | - | 4 | 2 | 1 | - | - | | | | 13 |
| 2 | Hospital wide- Medical supply (causing delay in clinical care)- | 1 | | | | | | | | _ | | | | 1 |
| | insufficient stock/ not available | | _ | | _ | _ | - | | | | | | | • |
| 3 | Nursing- Thromboplebitis | 1 | - | - | - | - | - | - | - | - | | | | 1 |
| 4 | Nursing process error/failure | _ | 1 | 1 | - | - | - | - | - | - | | | | 1 |
| 5 | Medication- administration (nursing) | - | 1 | 1 | 1 | 1 | - | 1 | 1 | - | | | | 6 |
| 6 | Equipment/Device- All other equipment affecting clinical care | - | 1 | - | 1 | - | - | 1 | - | - | | | | 3 |
| 7 | Equipment/Device- Biomed equipment affecting clinical care | - | - | 2 | 4 | - | - | - | - | 1 | | | | 7 |
| 8 | OSHAS- Injury/ incident related to staff (at work/ coming to | | | 1 | | | | | | | | | | 1 |
| 0 | work/ going home from work | - | - | 1 | - | - | - | - | - | - | | | | • |
| 9 | Needle prick injury | - | - | - | 1 | 1 | - | - | - | 1 | | | | 3 |
| 10 | Nursing - Delay in carrying out order | - | - | - | - | 1 | - | - | - | - | | | | 1 |
| 11 | OSHAS- Injury/ incident related to visitor | - | - | - | - | 1 | - | - | - | - | | | | 1 |
| 12 | Discharge related- AOR leave | - | - | - | - | 2 | 2 | 3 | - | - | | | | 7 |
| 13 | Medication Error (Pharmacy) | - | - | - | - | - | 1 | 2 | 2 | - | | | | 5 |
| 14 | Discharge related- Dissatisfaction with service | - | - | - | - | - | - | - | - | 1 | | | | 1 |
| 15 | Food poisoning | - | - | - | - | - | - | - | - | 1 | | | | 1 |
| | | | | | | | | | | | | | | |
| | Total | 6 | 4 | 5 | 7 | 10 | 5 | 8 | 3 | 4 | | | | 52 |
| | | | | | | | | | | | | | | |
| | NON CLINICAL INCIDENTS | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| 1 | Discharge related- financial constraints | 1 | - | - | - | - | - | - | - | - | | | | 1 |
| 2 | Cracked window at Ward 6 | 1 | - | - | _ | - | - | - | - | - | | | | 1 |
| 3 | Security - violance & aggression (non-medical condition) | - | 1 | - | - | - | - | - | - | - | | | | 1 |
| 4 | Financial- lost or damaged equipment | _ | - | 1 | 2 | - | - | - | _ | - | | | | 3 |
| 5 | Patient wrongly registered in the KCIS system | _ | - | 1 | - | - | - | - | - | - | | | | 1 |
| 6 | Security- breach in physical security | - | - | - | 1 | - | - | - | - | - | | | | 1 |
| 7 | Wrong charges entered | _ | _ | _ | _ | 1 | - | - | _ | - | | | | 1 |
| 8 | Emergency call cannot get through during Code Blue event | - | - | - | - | 1 | - | - | - | - | | | | 1 |
| 9 | Financial - breakage/spillage of drug or medication | - | _ | _ | _ | _ | _ | 1 | _ | - | | | | 1 |
| 10 | Others- Mantrap in lift 7 | - | - | _ | - | - | _ | 1 | - | - | | | | 1 |
| 11 | Others - LED bulb fell down | - | - | - | - | - | - | 1 | - | - | | | | 1 |
| | | | | | | | | | | | | | | |
| | Total | 2 | 1 | 2 | 3 | 2 | 0 | 3 | 0 | 0 | | | | 13 |
| | Grand Total | 8 | 5 | 7 | 10 | 12 | 5 | 11 | 3 | 4 | 0 | 0 | 0 | 65 |
| | | | | | | | _ | _ | | | | | _ | _ |



Workplace Inspection Findings - % Corrected

% Risks Corrected January to June 2019



| Month | Jan - Mar | Apr- Jun |
|----------------------------------|-----------|----------|
| Total number of risks identified | 60 | 65 |
| Total number of risks Corrected | 38 | 45 |
| Percentage (%) | 63.3 | 69.2 |

| FINDINGS: Date: 26.09.2019 | DETAIL EXPLANATION |
|----------------------------|--|
| | Area: 1. In front of the hospital – walkway to bus stop. 2. Near Premiums parking. |

| N | 0 | Workplace / Activity | Hazard | What can cause/Effect | Who is at risk? |
|----|---|---|---|--|---------------------------------|
| 1. | • | Premium Parking - Customers and employees walkways to bus stop. | Unsafe condition - Iron grill drain cover not fitted to the drain hole. | Potential hazards may cause a person to slip, trip and fall. | Patients, visitors and Employee |

| Current Control Measures | Recommended Control Measure | ACTION BY PIC | TARGET DATE LINE | UPDATE |
|--|--|----------------------|---------------------|----------|
| 1. Barricade that area, as it will warn customers and employees of the hazard. | Report to maintenance as soon as possible. Repair the iron cover. | Maintenance services | As soon as possible | Next Day |

FINDINGS : Date: 26.09.2019



DETAIL EXPLANATION

Area: Outside A&E

- 1. A&E Air condition leaking from the compressor unit.
- 2. Water non stop draping.
- 3. Floor wet.

| No | Workplace / Activity | Hazard | What can cause/Effect | Who is at risk? |
|----|--|---|-----------------------------------|-----------------------------------|
| 1. | Outside A&E - Triage (near Ambulance Parking) | Unsafe condition - Floors get wet leaking equipment | 1. Wet Floors - A Slip Hazard. | 1.Patients, visitors and Employee |

| Current Control Measures | Recommended Control Measure | ACTION BY PIC | TARGET DATE LINE | UPDATE |
|--|---|-------------------------|---------------------|----------|
| Place the wet floor signs or barricade that area, as it will warn customers and employees of the hazard. | Report to maintenance as soon as possible. Check the piping and compressor unit. | Maintenance services | As soon as possible | Next Day |

| FINDINGS | : Date: 26.09.2019 | |
|----------|--|--|
| | | |
| | The same of the sa | |
| | | |
| | | |
| T. C. | | |

DETAIL EXPLANATION

Area:

- 1. Level 2, (Patients Room 203)
- 2. Toilet bowl hairline creaked.

| No | Workplace / Activity | Hazard | What can cause/Effect | Who is at risk? |
|----|-----------------------------|---|--|------------------------------|
| 1. | Patient's washroom in ward. | Unsafe condition - Toilet bowl cracked. | Can cause injury if suddenly broken. Leaks around the bowl during flush the toilet. | 1. Patients inside the room. |

| PIC | | UPDATE |
|-------------------------|-------------|---------------------|
| Maintenance services | 1 weeks | 03.10.2019 |
| | Maintenance | Maintenance 1 weeks |

a strategic collaboration between KPJ Sabah & NIOSH Sabah World OSH Day 2019, Sabah @ KPJ Sabah Specialist Hospital







NIOSH cadang Kementerian Kesihatan lihat isu keselamatan dan kesihatan pekerjaan di semua hospital

Tarikh kemaskini: 25/06/2019











Tan Sri Lee Lam Thye

KOTA KINABALU, 25 Jun (Bernama) -- Pengerusi Institut Keselamatan dan Kesihatan Pekerjaan (NIOSH) Tan Sri Lee Lam Thye hari ini mencadangkan kepada Kementerian Kesihatan untuk melihat pelbagai isu keselamatan dan kesihatan pekerjaan (KKP) yang memberi kesan kepada kakitangan dan mereka yang menjaga pesakit di semua hospital.

Beliau berkata langkah itu akan membolehkan kementerian mencari kelemahan dan memperkenalkan penyelesaian KKP untuk menangani semua jenis kecederaan dan penyakit berkaitan pekerjaan di hospital awam dan swasta.

"Saya dimaklumkan antara isu KKP yang perlu ditangani adalah tahap kesedaran yang rendah dan kurangnya minat untuk belajar dan mengamalkannya di tempat kerja.

"Mereka yang berada di dalam Jawatankuasa KKP juga tidak memahami dengan baik peranan mereka sementara sesetengah kakitangan langsung tidak mengetahui polisi KKP," katanya pada sambutan Hari KKP Sedunia yang dianjurkan bersama oleh NIOSH Sabah dan Labuan dan Hospital Pakar KPJ Sabah di sini hari ini.

Help healthcare workers deal with stress, says Niosh



METRO NEWS

Tuesday, 02 Jul 2019

12:00 AM MYT

By **NATASHA JOIBI**













KOTA KINABALU: Tan Sri Lee Lam Thye has urged the Health Ministry to boost efforts in promoting mental health among healthcare workers who deal with occupational stress on a regular basis.

The National Institute of Occupational Safety and Health (Niosh) chairman said stress was a big issue among healthcare workers who have to deal with a high volume of patients, many of whom could be very demanding.

"When we talk about promoting occupational safety and health (OSH), we should also focus on positive mental health development.

"Stress cannot be avoided, people deal with stress everywhere. But I believe what we need to promote is how we can cope with stress," he told reporters at the World OSH Day Celebration jointly organised by Sabah and Labuan NIOSH and KPJ Specialist Hospital.



CORPORATE WELLNESS PROGRAM

THE SITUATION

67% of adults are overweight or are obese

High - risk employees can cost an organization almost more per year than low - risk employees

Well - run wellness program that treat obesity and chronic disease state see a drop in medical cost

Why Manage Your Employees' Health?

- i. increasing employee morale
- ii. reducing absenteeism
- iii. improving health outcomes
- iv. keeping productivity up and costs

HOW WE HELP

we focus on general wellness of your employee

We conduct glucose test, BMI and body composition analysis

We identify risk of your work force based on the overall wellness of employees

We provide dietary consultation to your employee

We give health luncheon talk at your office

Health information board for your employee which is updated on a weekly basis

PARTNER WITH US

Wellness involves being aware and making decisions to be well and stay well. It involves making disease prevention a priority, and setting healthy lifestyle goals.

These goals may focus on diet and nutrition, being physically active, maintaining body mass index – or all of the above.

An effective wellness program manages an individual's health and supports the individual in becoming aware of and practicing choices to create a healthy lifestyle.

KPJ Sabah invites employers to take an active role in managing employee health. We invitevyou to partner with us and our program to promote wellness and improve health outcomes at your worksite.

Our unique Corporate Wellness (CoWell) program

Objectives:

- Improve Productivity
- Reduce medical expenses
- Reduce absenteeism
- Early identification of underlying diseases

Effective July 2019, awareness of OSH incorporated in CoWell in collaboration with NIOSH Sabah



As a TEAM Together, We beat as One







Stay Safe Thank You