

## **A well-organized, empowered committee effectively established a positive patient-safety culture in a medical center**

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**Objective:** To organize an empowered committee to establish a positive patient-safety culture in a medical center.

**Methods:** The Committee of Patient Safety in the Mackay Memorial Hospital was established on 1, May 2003. To effectively establish a culture of patient safety and improve the quality of patient care, a well-organized and empowered committee was crucial. Five core strategies were applied to achieve our goal: 1) Firstly, establishing cross-department task-force groups to take responsibility for each issue. The chairman, who was the Chief of our hospital, clearly authorized and fully supported these groups. 2) Secondly, establishing and maintaining an easily-accessible information and education system for medical staff to be capable of conducting system-based actions to improve patient care delivery. 3) Thirdly, a no-blame well-structured data collection and analysis system was built to encourage employees to voluntarily report patient-safety events. 4) Fourthly, a monitoring and feedback system was responsible for insuring every patient-safety event corrected systemically and systemic barriers built to avoid recurrence. 5) Finally, adverse event-based case discussion was held regularly to deepen patient-safety culture. Questionnaires for patients and medical staff were conducted since 2007 to survey the influence concerning the patient-safety culture.

**Results:** After six-year efforts and dissemination, a well-organized and fully authorized Committee of Patient Safety was established. Until 2008, more than 12,000 adverse events were reported voluntarily via our system. Questionnaires for patients revealed that quality of patient-informing system were improved by more than 30%. On the other hand, questionnaires for medical staff revealed that the percentage of positive patient-safety culture was higher than the first quartile of all medical centers.

**Conclusions:** Establishment and maintenance of a patient safety system require not only investitive leadership but also a well-organized structure. Quality and safety personnel are needed to collect data and maintain a database of confidential information, evaluate the data by a systematic approach, and conduct system-based actions to improve patient care delivery.