

Development of a national external patient safety reporting system: The TPR experience in Taiwan

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Objective:

In order to provide an mechanism for learning from errors, and to identify priorities for patient safety, in 2004 the Taiwan Joint Commission on Hospital Accreditation (TJCHA) tried to develop a national external patient safety reporting system as "Taiwan Patient Safety Reporting System, TPR" which is an anonymous, penalty free, volunteering, and mutual learning reporting system.

Method:

A three-phase pilot study was conducted to form a national reporting system gradually from 2004 to 2006. An alpha testing of reporting interface was preceded referring to the experiences of United State, the United Kingdom, and Australia during the preparation stage. In the trial stage, acute and psychiatric hospitals are invited to participant and modify the reporting system. Internal reporting software was provided to enhance the internal reporting and explore date to TPR directly. Meanwhile, the data management process was also developed within the users' feedback. After the trial, the promotion strategies will be conducted in year 2006 to expand a larger scale involvement of the TPR. The mechanisms of alerts and solutions development are also developed based on a larger database. The user group meetings are held based on the participants' needs to decrease the barriers of reporting.

Result:

The reporting interfaces of TPR including website online, exploits data from facility reporting system soft wares. In 2004, 1760 events were reported to TPR from 169 hospitals. There are 1042 cases (59.2%) collected through website, 40.8% of events are collected through the internal reporting software provided by TJCHA. Falls (31%) are the most frequent events reported. Regarding the levels of injured, 45.6% is harm events, 40.5% is no harm events, and 13.9% is near miss. Two learning cases of prevention of penicillin allergy and endo-tube removed were developed from the information learned from the events. Quarterly newsletters are delivered to participants to enhance the sharing and promoting of reporting.

Conclusion:

A graduate approach is useful in establishing a patient safety reporting system. The well-function of internal reporting systems is the core of promoting external reporting. Support of leadership, protection of confidentiality, legal requirements, and non-punitive culture are core issues that an external reporting system needs to face.