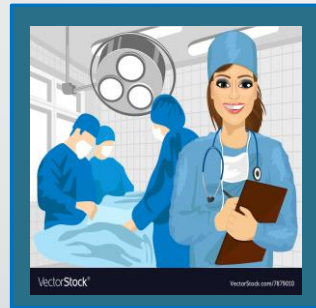


# Aligning Perioperative Safety and Quality Competencies: Perspective from Government



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# Outline of Discussion

## I. Policies and Guidelines institutionalizing Patient Safety

- a. Administrative Order (AO) No. 2008-0023 re: *National Policy on Health Safety*
- b. World Health Organization (WHO) Guidelines for Safe Surgery 2009

## II. Current DOH Programs, Strategies and Initiatives pertinent to Perioperative Nursing Practice

## III. Ways Forward



# I. Policies and Guidelines institutionalizing Patient Safety

Administrative Order (AO) No. 2008-0023 re: *National Policy on Health Safety*

*Patient Safety* - prevention of harm to patients through the prevention, avoidance and amelioration of risk, adverse outcomes or injuries stemming from the processes of healthcare (Institute of Medicine, 2000)



# I. Policies and Guidelines institutionalizing Patient Safety

## Administrative Order (AO) No. 2008-0023 re: *National Policy on Health Safety*

**Goal:** To ensure that patient safety is institutionalized as a fundamental principle of the healthcare delivery system in improving health outcomes.

**Objectives:**

1. To provide policy directions in establishing a comprehensive **Patient Safety Program**
2. To develop the critical capacity of the healthcare workers for the implementation of standards relative to patient safety.
3. To sustain and continuously improve mechanisms that nurtures a culture of safety through appropriate strategies.



# I. Policies and Guidelines institutionalizing Patient Safety

## Administrative Order (AO) No. 2008-0023 re: *National Policy on Health Safety*

### 8 Key elements of a Patient Safety Program

1. Leadership
2. Institutional Development
3. Reporting system
4. Feedback and Communication
5. Adverse Event Prevention and Risk Management
6. Disclosure of Reported Serious Events
7. Professional Development
8. Patient Centered Care and Empowerment of Consumers



Administrative Order (AO) No. 2008-0023 re:  
*National Policy on Health Safety*

# 8 Key elements of a Patient Safety Program

## #1 Leadership

Leadership shall address strategic priorities for institutional development, its culture and infrastructure, engage its various stakeholders, communicate and build awareness.



**Administrative Order (AO) No. 2008-0023 re:**  
*National Policy on Health Safety*

# **8 Key elements of a Patient Safety Program**

## **#2 Institutional Development**

Approaches to institutionalize patient safety and quality



Administrative Order (AO) No. 2008-0023 re:  
*National Policy on Health Safety*

## 8 Key elements of a Patient Safety Program

### #3 Reporting System

Systematic reporting of serious events must be enforced to promote reduction in errors.





Administrative Order (AO) No. 2008-0023 re:  
*National Policy on Health Safety*

## 8 Key elements of a Patient Safety Program

### **#4 Feedback and Communication**

Performance feedback and benchmarking mechanism must be established to demonstrate commitment to patient safety



Administrative Order (AO) No. 2008-0023 re:  
*National Policy on Health Safety*

## 8 Key elements of a Patient Safety Program

### **#5 Adverse Event Prevention and Risk Management**

Risk reduction strategies, health technology assessment and safety checklist  
or assessment code



Administrative Order (AO) No. 2008-0023 re:  
*National Policy on Health Safety*

## 8 Key elements of a Patient Safety Program

### #6 Disclosure of Reported Serious Events

The reporting system ensures confidentiality and privacy of cases.



Administrative Order (AO) No. 2008-0023 re:  
*National Policy on Health Safety*

## 8 Key elements of a Patient Safety Program

### **#7 Professional Development**

Continuous training and supervision of healthcare staff to improve decision making skills and clinical judgments.



Administrative Order (AO) No. 2008-0023 re:  
*National Policy on Health Safety*

## 8 Key elements of a Patient Safety Program

### **#8 Patient Centered Care and Empowerment of consumers**

Patients must be at the center of patient safety initiatives. Patient-centered care is a national priority and a core agenda to improve quality care.



# I. Policies and Guidelines institutionalizing Patient Safety

## World Health Organization (WHO) Guidelines for Safe Surgery 2009

### Content:

1. Solutions and approaches to promote safety
2. Essential objectives for safe surgery
3. World Health Organization Surgical Safety Checklist and its Implementation Manual.



# II. Current DOH Programs, Strategies and Initiatives pertinent to Perioperative Nursing Practice

## DOH Nurse Certification Program

- Aims of improving healthcare delivery by upgrading the competencies of the nurses in hospitals and health facilities.
- To date, the DOH is conducting assessments and certification of nurses including Operating Room Nursing



## Status of OR Nursing Certification: Nurses Certified in Operating Room Nursing (2014-2017)

Hospital	No. of Certified Nurses (OR Nursing Level 3)
National Kidney and Transplant Institute	4
Philippine Heart Center	7
Batangas Medical Center	1
Baguio General Hospital and Medical Center	15
St. Francis Cabrini Medical Center	4
De Los Santos Medical Center	3
Manila Doctors Hospital	2
University of Perpetual Help Medical Center	3
<b>TOTAL</b>	<b>39</b>






### III. Ways Forward

1. Department of Health to further raise the quality of its Human Resources for Health (HRH) especially the nurses in order to raise the standard of care.
2. DOH to further expand the DOH Nursing Certification Program implementation to more DOH Teaching and Training Hospitals and pool certified trainers and assessors to augment the production of competent nurses especially in the field of OR Nursing.
3. DOH to encourage conduct of further studies regarding perioperative patient safety and encourage multi-stakeholder approaches to help refine mechanisms of perioperative nursing care delivery.
4. Continue to develop clear outcomes and targets to meet patient safety. These are linked to better health outcomes.
5. Establishment of Virtual Laboratory in DOH Hospitals
6. DOH to revisit its policies and guidelines to be more responsive to dynamic health needs
7. Installation of a Chief Nursing Officer in the DOH to oversee the nursing workforce





*“Alone we can do so little. Together we  
can do so much.”*

*- Helen Keller*

# Thank You!!!

