



NEW
FRONTIER
新风天域



Quality and Safety Movement in Mainland China: A Private Sector Experience

Dr Alastair Mah

28 August 2024

上海和睦家医院
(静安院区)



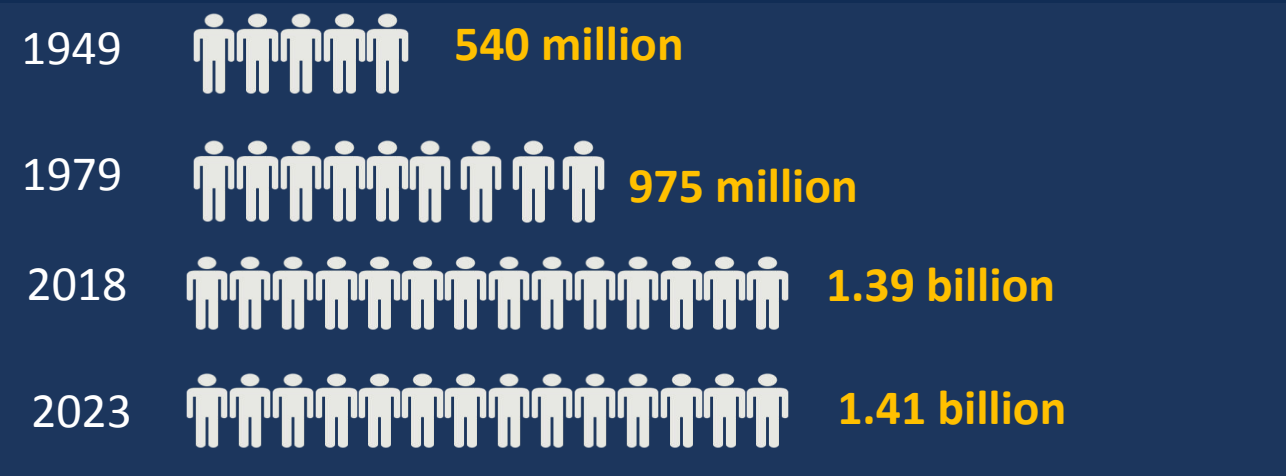
Prof Alastair Mah

MBBS, BMedSci, MHSM,
MBA, GCertAIB, FRACMA,
FHKCCM, FCHSM,
FHKCHSE, GAICD

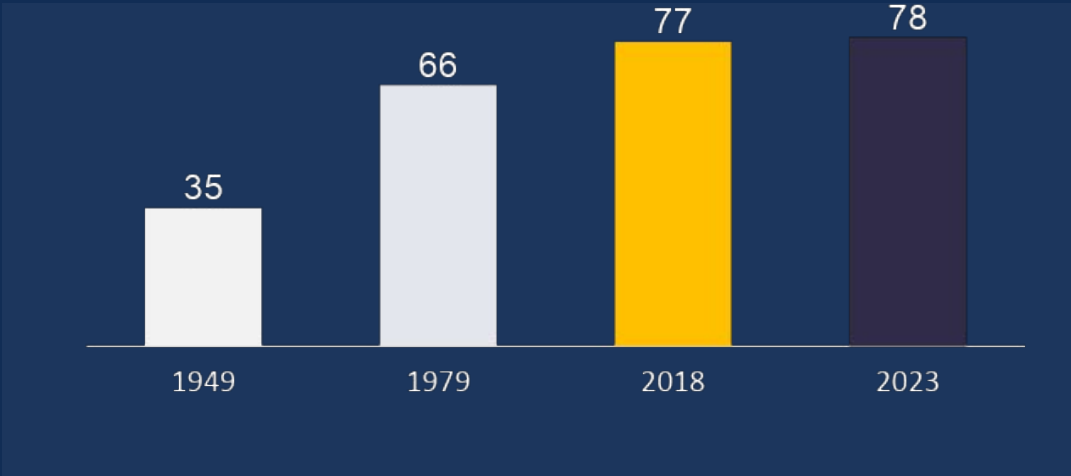
Professor Alastair Mah is the Vice President of Medical Affairs at United Family Healthcare. In this role he serves as the professional lead for medical staff and services, is responsible for the quality of clinical services, as well as research and academic governance across the organization.

Prior to coming back to China, Alastair gathered extensive hospital management experience at metropolitan and regional Australian health services, including as the Chief Medical Officer at a number of large health services in Victoria. He also worked at the Hong Kong Hospital Authority's Quality and Safety Division before joining United Family Healthcare.

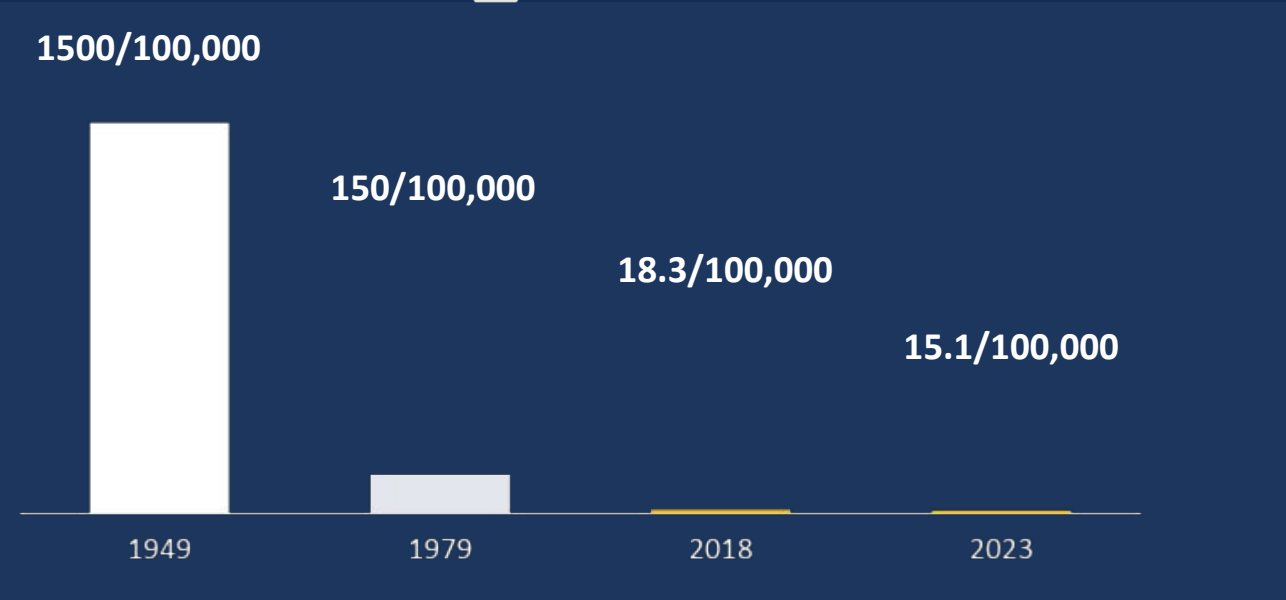
Population



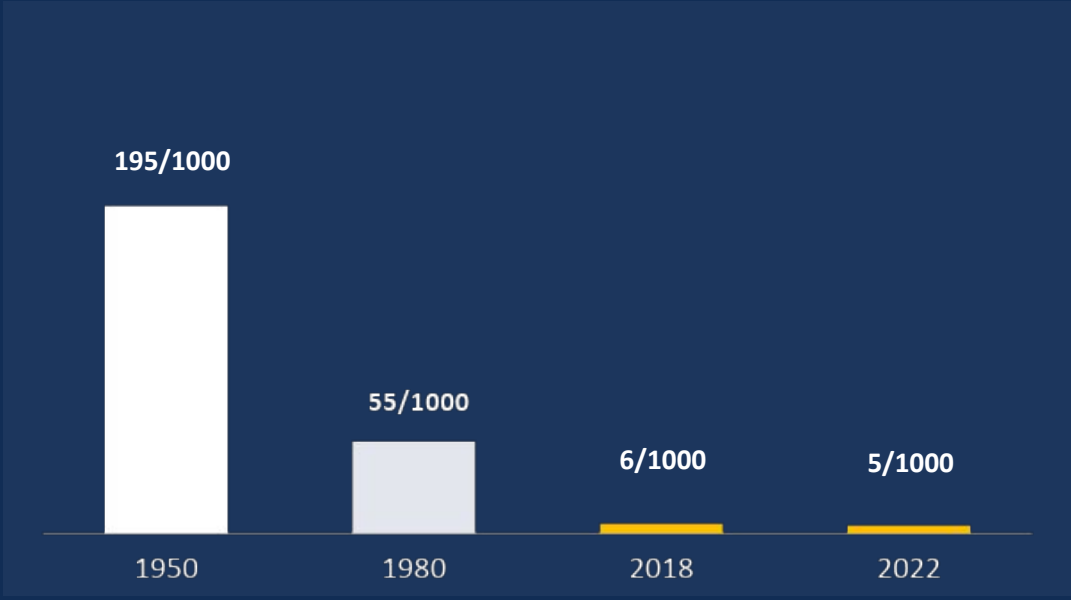
Life Expectancy



Maternal Mortality



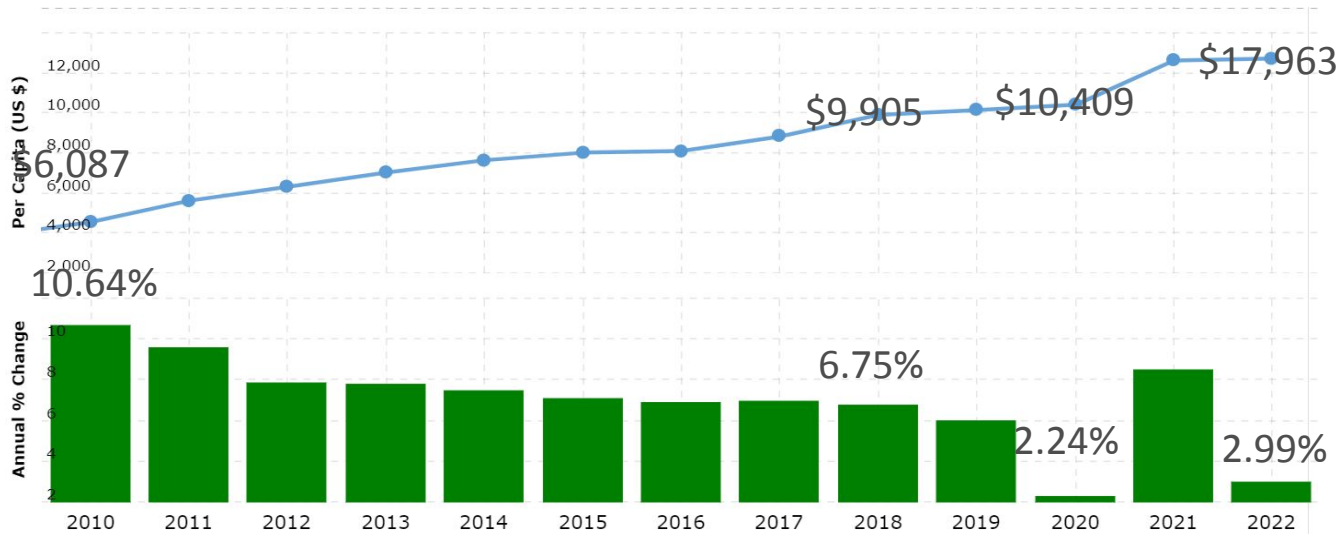
Infant Mortality



3 Significant Factors Contribute to China Healthcare Achievements

Economic Recovery & Political Stability

2010 – 2022 China's GDP per capita and growth Rate (USD)



- The GDP per capita in China rises from **6,087 USD** in 2010 to **17,963** in 2022 in 10 years, despite decreasing growth rate during Covid (2019 – 2021)

Technology Big Bang



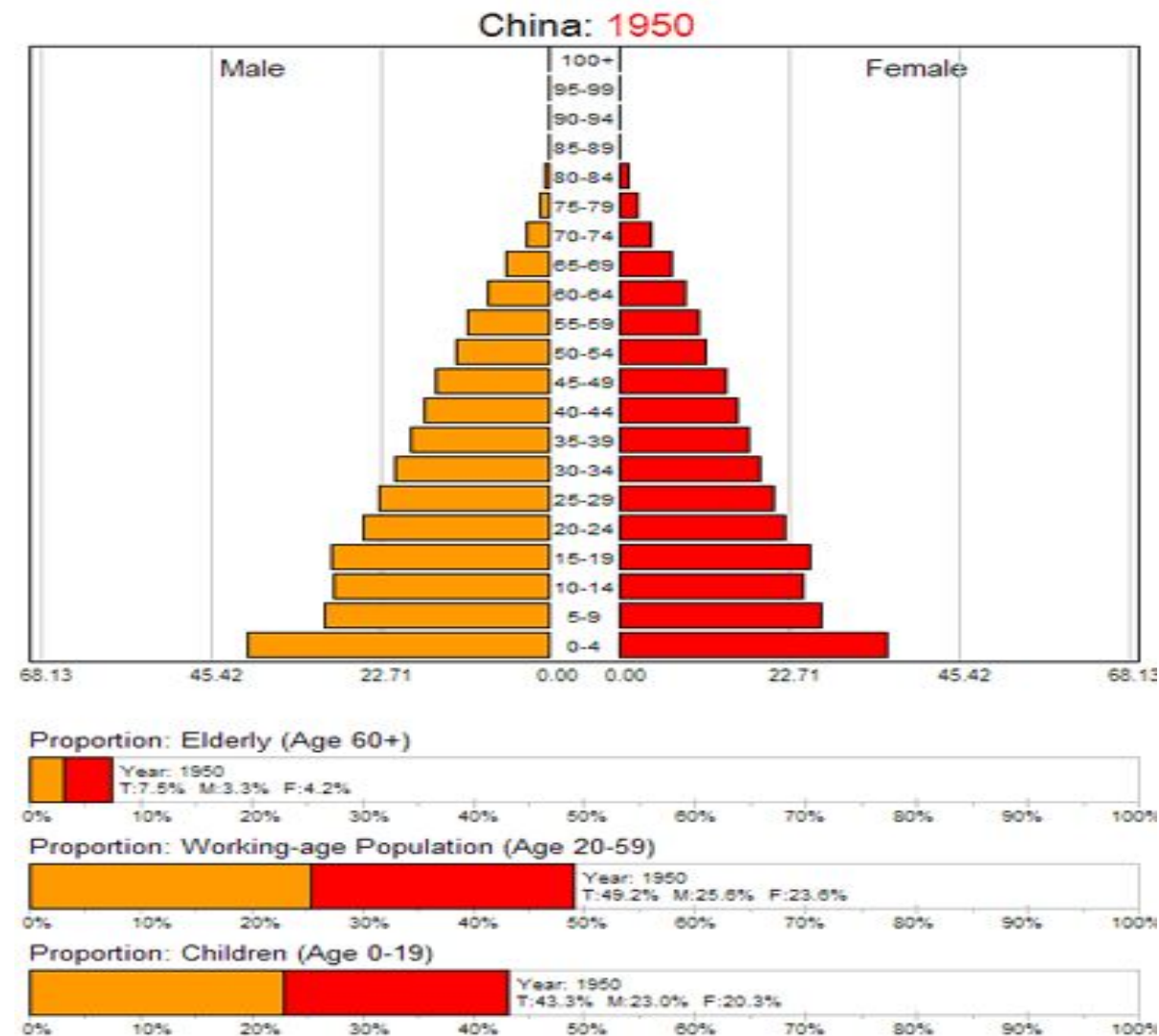
- The rise of global biotech/Pharma and AI
- Payment innovation
- Wearable devices/remote healthcare

Continuing Medical Reform



Making Strides Towards Improving Patient Access and Healthcare Capacity

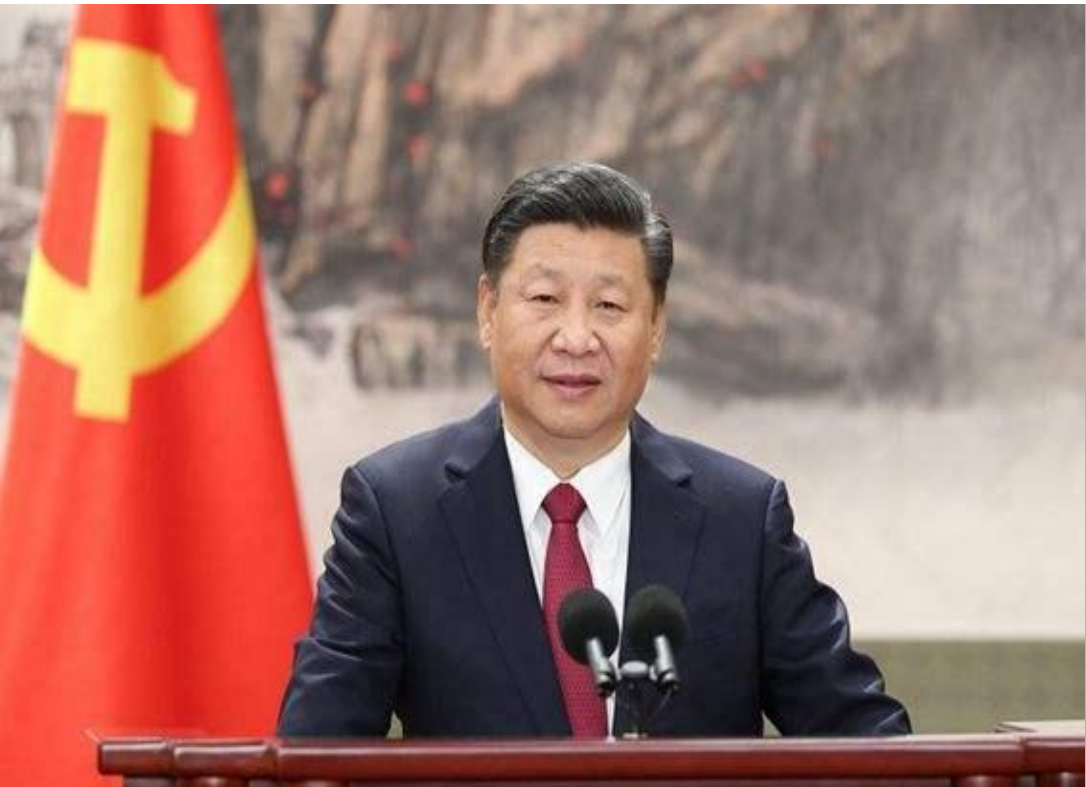
600 Million 60+ Population by 2050



Deepening Health Reform by Building High-Quality and Value-based Service Delivery



Healthy China 2030 Policy



Equitable

Provide all Chinese with equitable and accessible healthcare services.

Life-Cycle

From “disease centered” to “health centered”, including consistent prevention, disease cure, rehabilitation, psychotherapy services, etc.

Healthcare Reform

Reduce excessive medical service; Guide private sectors to provide healthcare services; Deepen the reform of drug supply system.

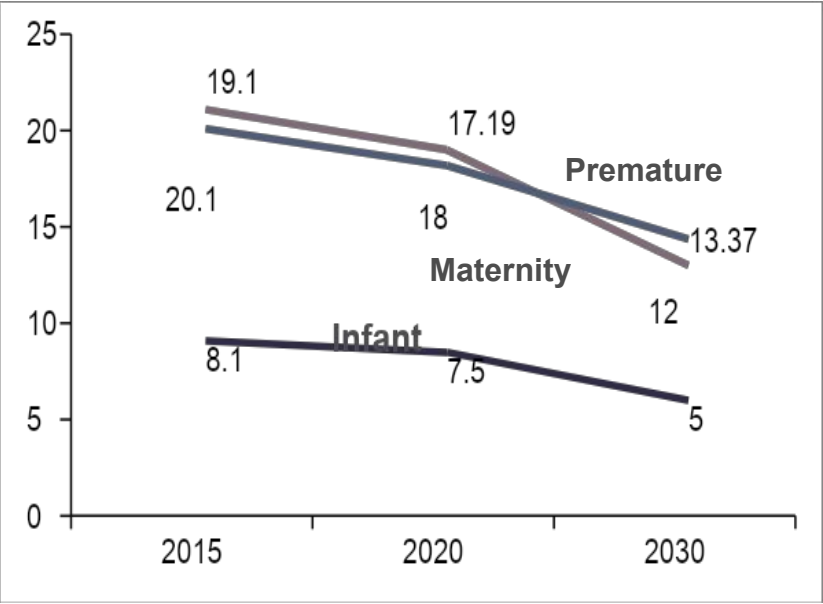
Healthcare industry market size by 2030

RMB 16 Trillion

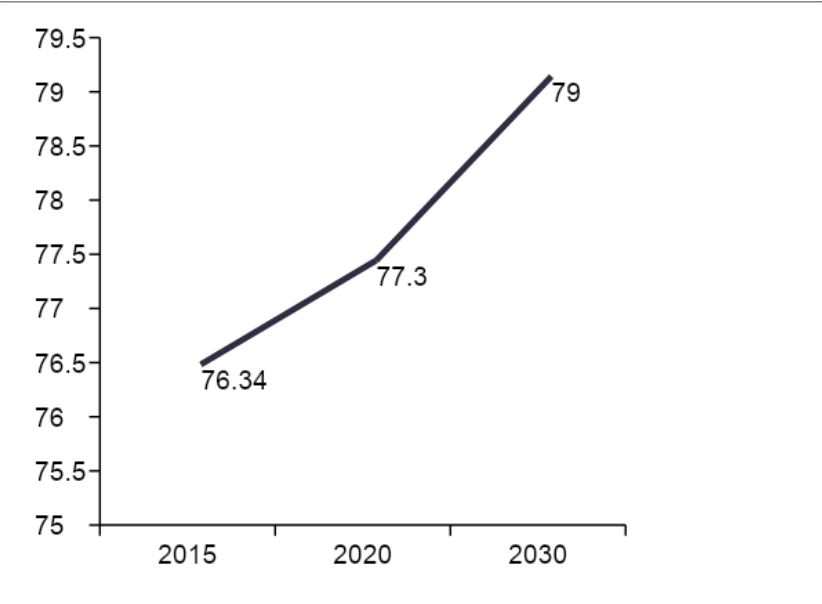


Ambitious Goals of Healthy China 2030

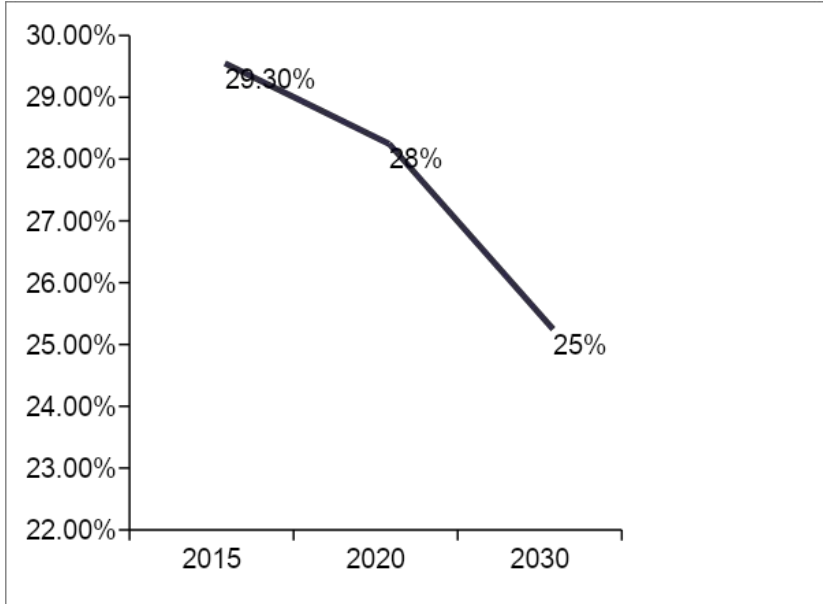
Mortality Rate



Life Expectancy



Individual Out-of-Pocket



Source: Healthy China 2030 Blueprint

What's happening in China “Quality” wise?

Policies, Strategies, Monitoring and Accreditation initiatives

- 十八项核心制度
- 国家医疗质量安全改进目标
- 国家三级公立医院绩效考核（国考）
- 医院质量国际认证标准
- 全面提升医疗质量行动计划
(2023-2025年)

21排名	21得分	指标等级	C
1		A++	
2		A++	



医政司

[主站首页](#) | [首页](#) | [最新信息](#) | [政策文件](#) | [工作动态](#) | [专题专栏](#) | [关于我们](#)

公文

您现在所在位置: [首页](#) > [最新信息](#) > [医疗质量](#) > [公文](#)

关于开展全面提升医疗质量行动（2023-2025年）的通知

发布时间: 2023-05-29 来源: 医政司

国卫医政发〔2023〕12号

System/condition specific clinical indicators (from 2020)

- 神经系统疾病和肾病专业医疗质量控制指标
- 肝脏、肾脏、心脏、肺脏移植技术医疗质量控制指标
- 药事管理和护理专业医疗质量控制指标
- 心血管系统疾病相关专业医疗质量控制指标
- 超声诊断等5个专业医疗质量控制指标
- 肿瘤专业医疗质量控制指标
- 感染性疾病等4个专业医疗质量控制指标
- 产前筛查和产前诊断质量控制指标
- 急诊医学等6个专业医疗质量控制指标



医政司



关于开展紧密型城市医疗集团建设试点工作的通知

一、总体要求与试点目标

以习近平新时代中国特色社会主义思想为指导，全面贯彻党的二十大精神，推进健康中国建设，落实深化医药卫生体制改革工作安排，在每个省份选择2-3个设区的市（直辖市的区），统筹区域内医疗资源，科学合理网格化布局紧密型城市医疗集团，推动医疗服务供给侧结构性改革。到2023年上半年，试点城市完成紧密型城市医疗集团网格化布局。

试点城市进一步健全支持紧密型城市医疗集团建设发展的配套政策，创新完善体制机制，推动各级各类医疗卫生机构落实功能定位，形成科学有序的就医格局和系统连续的诊疗格局，不断巩固分级诊疗制度建设成效。到2023年底，基本形成系统集成的配套政策，推动紧密型城市医疗集团建设发展的体制机制取得新突破。

到2025年，试点城市紧密型城市医疗集团管理体制更加科学，运行机制更加完善，服务模式更加优化，医疗资源供需更加匹配，就医格局更加合理，居民就医需求不断得到满足，试点工作形成可复制可推广的有益经验。

Key Goals



(一)以紧密型城市医疗集团建设为载体，构建城市网格化医疗服务新体系。

- 1.科学规划网格
- 2.有序整合资源
- 3.落实功能定位

(二)以一体化管理为基础，形成紧密型城市医疗集团建设新模式。

- 1.建立健全管理架构
- 2.医疗管理一体化
- 3.运营管理一体化
- 4.信息管理一体化

(三)以资源下沉共享为核心，构建分级诊疗服务新格局。

- 1.推动优质医疗资源下沉
- 2.实现医疗资源共享
- 3.强化家庭医生签约服务
- 4.加强医防协同
- 5.深化中西医结合
- 6.健全药品供应保障体系

(四)以完善配套支持政策为重点，建立激励约束新机制。

- 1.完善政府投入方式
- 2.完善人事薪酬制度
- 3.健全绩效考核机制

United Family Healthcare 和睦家医疗

Established in Beijing 1997

NEW
FRONTIER
新风天域

和睦家医疗
United Family Healthcare



Nationwide healthcare service clusters covering Beijing-Tianjin area, Shanghai area, and the Greater Bay Area

The Great Bay Area Cluster



Guangzhou Hospital

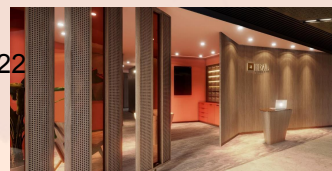


Shenzhen Hospital '22



6 Hong Kong Medical Centers

- Oncology
- Surgical & GP / Aesthetics '22
- IVF '23
- 3 HKIOC '24



Beijing
Tianjing

Shanghai

Guangzhou

Shenzhen /
Hong Kong

Hainan

Beijing-Tianjin Area Cluster



6 Hospitals

- General Hospital
- Rehab Hospital
- Women & Children's Hospital (Tertiary)
- Tianjin Hospital
- Dongcheng Hospital (Surgery + Cancer) '24
- International Hospital (Tertiary, General) '28



12 Clinics

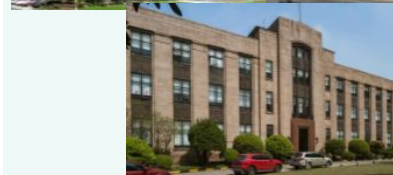
- 1 opened in '22

Shanghai Area Cluster



3 Hospitals

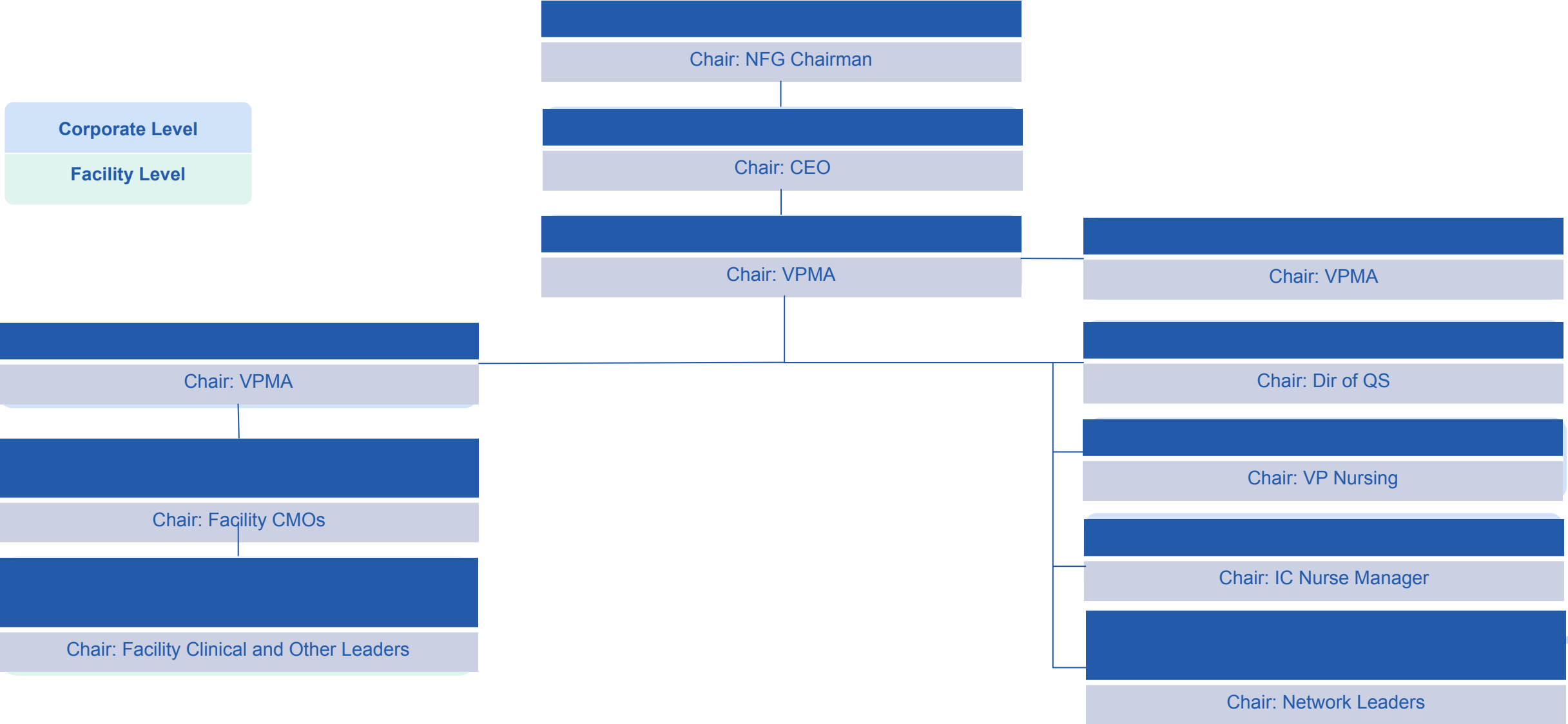
- Changning Hospital (General)
- Pudong Hospital (General)
- Jing'an Hospital (General + Women & Children's) '24



8 Clinics

- 5 opened in '22

UFH Clinical Governance Structure



HQ centralised platform to strengthen major functions



Quality and Safety

- 完善的医疗质控上报系统及医疗质量例会制度
- 跨业务板块统一的细分科室全方位质量控制指标和评分体系



Data and Information Technology

- 跨业务板块统一的HIS及SCRM系统, 促进设立高效同质的运营标准
- 利用和睦家医疗的客户端微信小程序及互联网医院降低患者触达成本, 提升客户粘性



Human Resources

- 统一整合管理人员招聘及培训相关流程
- 统一规培计划(全科、急诊、康复、护理、药房、管理职位等)
- 统一人才培育和晋升流程(包括评职称), 促进人才梯队建设



Academia

- 开展全国性多学科的专科学术会议(康复、全科、创伤、骨科/外科、肿瘤等)
- 联合发布国际学术期刊文章中文版
- 医生评职称和晋升体系



Finance

- 跨业务板块整合现金流管理和资本支出职能
- 全国统一设立财务共享中心, 降低财务管理成本



Procurement

- 跨业务板块整合集团采购职能, 降低采购成本
- 覆盖范围广, 包括设备、药品、耗材、外包等

Purpose: to provide the highest standards of evidence-based clinical care

Promote patient safety
and a culture of safety

Develop standards for
diagnosis and treatment,
and to monitor
clinical indicators

Clinical development
and training

Introduction of
new technology

Family Medicine

Surgery

OBGYN

Emergency Medicine

Orthopaedics

Dental

Imaging

Pharmacy

Internal Medicine

Paediatrics

Mental Health

Dermatology and
Cosmetics

Anaesthesia

Cancer

Laboratory and
Pathology

Nursing

1 Sepsis Screening Tool

SEPSIS SCREENING TOOL ACUTE ASSESSMENT **AGE 12+**

PATIENT DETAILS: DATE: TIME: NAME: DESIGNATION: SIGNATURE:

01 START THIS CHART IF NEWS2 IS 5 OR ABOVE OR 3 IN ONE PARAMETER, OR PEWS IS RED, OR PATIENT LOOKS ACUTELY UNWELL, AND/OR THERE IS A CLINICAL SUSPICION OF SEPSIS

RISK FACTORS FOR SEPSIS INCLUDE:

☐ Age > 75 ☐ Impaired immunity (e.g. diabetes, steroids, chemotherapy) ☐ Recent trauma / surgery / invasive procedure ☐ Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE: ☐ Respiratory ☐ Urine ☐ Skin / joint / wound ☐ Indwelling device ☐ Brain ☐ Surgical ☐ Other

03 ANY RED FLAG PRESENT?

☐ Objective evidence of new or altered mental state ☐ Systolic BP ≤ 90 mmHg (or drop of >40 from normal) ☐ Heart rate ≥ 130 per minute ☐ Respiratory rate ≥ 25 per minute ☐ New need for O₂ to keep SpO₂ ≥ 92% (88% in COPD) ☐ Non-blanching rash / mottled / ashen / cyanotic ☐ Lactate ≥ 2 mmol/l ☐ Recent chemotherapy ☐ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

RED FLAG SEPSIS

START SEPSIS SIX

04 ANY AMBER FLAG PRESENT?

☐ Relatives concerned about mental status ☐ Acute deterioration in functional ability ☐ Immunosuppressed ☐ Trauma / surgery / procedure in last 8 weeks ☐ Respiratory rate 21-24 ☐ Systolic BP 91-100 mmHg ☐ Heart rate 91-130 or new dysrhythmia ☐ Temperature <36°C ☐ Clinical signs of wound infection

FURTHER REVIEW REQUIRED:

YES - SEND BLOODS AND REVIEW RESULTS - ENSURE SENIOR CLINICAL REVIEW WITHIN 1HR

TIME OF REVIEW: ■■■ ■■■

ANTIBIOTICS REQUIRED: ☐ Yes ☐ No

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS

2 Colon Cancer Screening

- Colon cancer is one of the leading causes of cancer death.
- Colonoscopy in UFH is from age 45

Assessment

- Take a focused history +
- Perform a clinical examination +
- Screening for patients at average risk: +

Management

- Shared decision-making approach for the
- Colonoscopy +
- Fecal immunochemical testing (FIT) +
- FIT-DNA testing +

3 The Clavien-Dindo Classification of Surgical Complication

- A Novel Continuous Scale to Measure Surgical Complication and Morbidity

$$CCI^{\circ} = \frac{\sqrt{(wC_1 + wC_2 \dots + wC_x)}}{2}$$

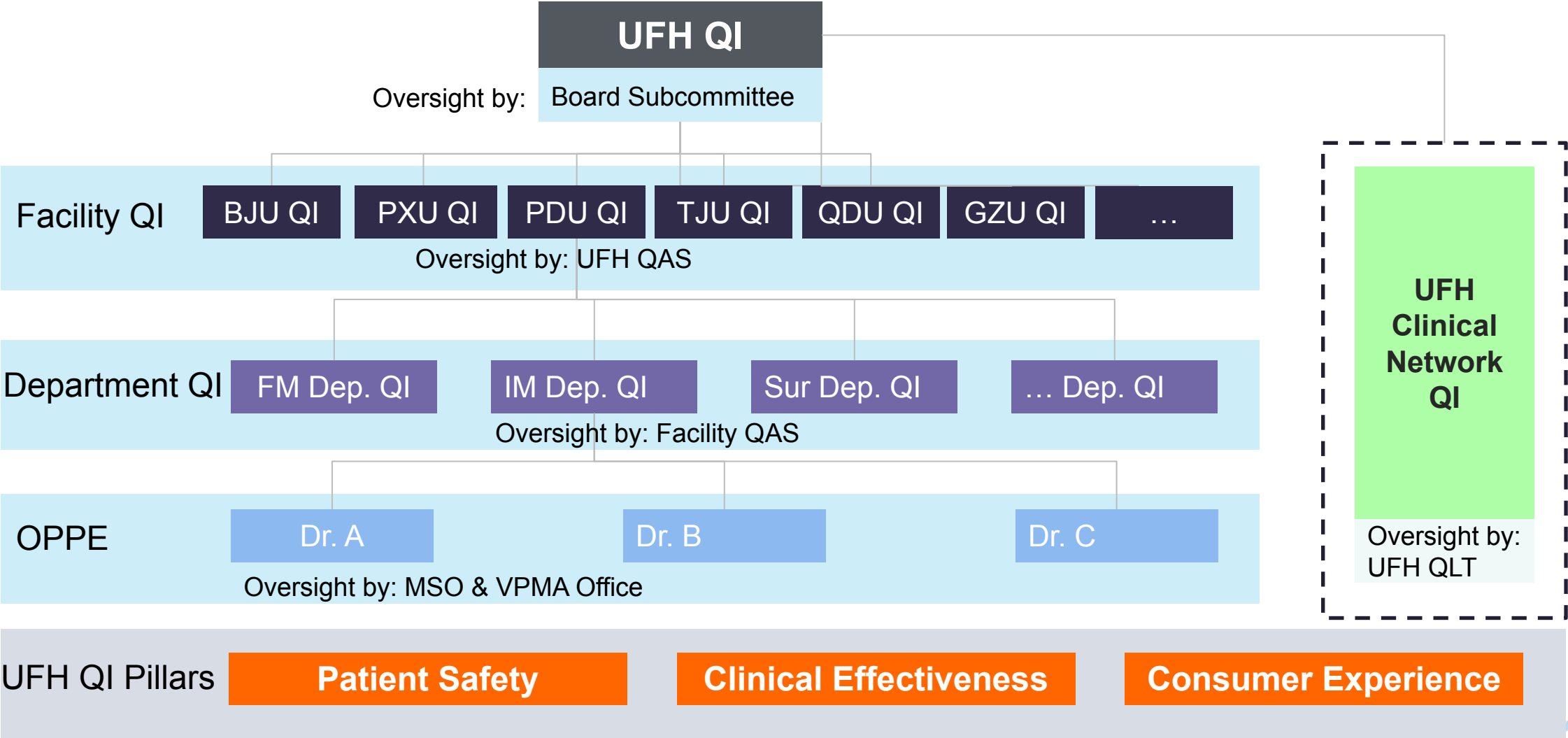
wC = Weight of Complication

	wC	CCI [®] Single Value
Grade I	300	8.7
Grade II	1750	20.9
Grade IIIa	2750	26.2
Grade IIIb	4550	33.7
Grade IVa	7200	42.4
Grade IVb	8550	46.2

Clavien-Dindo grade V always results in CCI[®] 100.

Measuring for Performance 质量指标与审核

Quality Indicator Hierarchy



Referenced 参考 循证

- Evidence-based, and benchmarked nationally or internationally 以国内或国际为基准

Interpretable 能够解释

- Indicator is meaningful and users understand why it is collected 指标有意义, 用户了解收集它的原因

Universal 通用

- Same standard across UFH, results reproducible and transparent 和睦家医疗标准相同, 结果可重复且透明

Extractable 可萃取

- Generate analytical reports automatically without manual collection 自动生成分析报告, 无需手动收集



11 Hospitals
25 Clinics



100+
Quality Indicators



16
Clinical Networks

Our vision is to provide the very highest standard of evidence-based clinical care to every patient, every time. To do this we need robust clinical governance systems. Clinical Networks are a means of generating and implementing such standards across UFH.

Each Clinical Network will be responsible for monitoring, advising and promoting good practice within a particular service line or for a particular patient group. Networks will also be a focal point for supporting education and training in the relevant specialty.



OBGYN



Emergency



Pediatrics



Internal
Medicine



Family
Medicine



Mental
Health



Dental



Nursing



Orthopedics



Surgery



Anesthesiology



Imaging



Lab



Pharmacy



Infection
Control



Dermatology

Patient Safety 患者安全	
1. Rate of OR Patients with Low Body Temperature at PACU Admission 麻醉恢复室入室低体温 发生率	16. Imaging Report Modified or Addendum Rate After 24 hr 影像报告24小时后修改率
2. unplanned return to operating theater within 48hr in same episode 48小时非计划重返手术室再手术率	17. STAT Imaging Report (orally or written) turnaround time (TAT) from Order to Report within 60 min for all tests 影像立即医嘱 (STAT)项目完成及时率(从开具医嘱到出具报告在1小时内)
3. unplanned readmission within 31 days 出院患者31天非计划再入院率	18. Rate of STAT Lab Report Results Available within Target Turn-Around-Time (TAT) 检验立即医嘱 (STAT)项目完成及时率
4. Rate of Critical Value Response Documented 危急值处理登记率	19. Ratio of Specimen Rejected 标本拒收率
5. Rate of Critical Value Response within 5min 危急值报告及时率	20. Percentage of qualified prescriptions in OP and ED 门诊急诊处方合格率
6. VTE Appropriate Prophylaxis and Documentation Rate - General 住院患者静脉血栓栓塞症 (VTE) 规范预防率	21. Total high-alert medication error rate 高警示药物相关事件发生率
7. VTE Screening after Delivery 产后静脉血栓栓塞症 (VTE) 筛查率	22. Administering the PHQ-9, PHQ-A, or C-SSRS to all visits with diagnosis of affective disorder 情感障碍症患者自杀风险评估率
8. Rate of Patients Left-without-Being-Seen (LWBS) in the ER or UC 急诊患者未就诊离院率	23. All Staff Hand Hygiene Compliance Rate 员工手卫生合格率
9. Ratio of ED Patients with Arrival to Discharge or Admission < 4 hours 急诊患者4小时内诊疗完成率	24. Catheter-associated urinary tract infections (CAUTI) prevention bundle compliance Rate 导管相关尿路感染的集束化管理符合率
10. Pregnancy Assessment Rate in Non-pregnant 15-50 y/o women visiting in ED to see a physician 急诊育龄期女性 (15-50岁) 怀孕状态评估率	25. Initial Fall assessment rate 跌倒风险评估率
11. Rate of Patients with ED Door-to-Evaluation by a Physician w/in appropriate timeframe 急诊患者诊疗响应及时率	26. The rate of in-patient falls 住院患者跌倒发生率
12. Sepsis antibiotic usage 脓毒症患者抗菌药物使用及时率	27. Rate of PPR Patients with EPDS Depression Screening (and Documentation in TRAK) 产后康复患者EPDS抑郁症筛查率
13. Rate of Staff Reported Events 员工事件上报率	28. Newborn CHD Screening: all newborn with CHD screening ordered and performed before discharge 新生儿出院前先天性心脏病筛查率
14. Case closure within 30 days after incidents/events occur 事件关闭及时率(30天内)	29. Apgar Scores <7 at 5 minutes 足月新生儿 5 分钟 Apgar 评分 < 7 分发生率
15. Patient Identification Error Rate 患者身份识别相关事件发生率	30. Incidence of severe PPH(>=1000ml) 严重产后出血发生率 (>=1000ml)

Clinical Effectiveness 临床效果	
31. Timing of surgical antibiotic prophylaxis administration (within 1 hour) for the clean incisions I类切口手术预防用抗菌药物时机合理率	
32. Diabetes Control 糖尿病未控制率	
33. ASCVD 10-year Risk Assessment 动脉粥样硬化性心血管病 (ASCVD) 10年风险评估完成率	
34. Hypertension Control 高血压未控制率	
35. Outpatient Usage of Antibiotics (%) [ASP PROGRAM MONITORING] 门诊患者抗菌药物使用率	
36. Inpatient Usage of Antibiotics (%) [ASP PROGRAM MONITORING] 住院患者抗菌药物使用率	
37. Rate of Exclusive Breast Milk Feeding during the Newborn's Entire Hospitalization 新生儿住院期间纯母乳喂养率	
38. Pediatric Fever Guideline Compliance Rate	
39. Elective C Section without medical indication 非医学指征选择性剖宫产率	
40. Colon Cancer Screening	

Patient Experience 患者体验	
41. Complete Patient Profile (CPP) Rate 门诊患者病史记录完整率	
42. Referral Report Completion Rate 会诊报告完成率	
43. Pain score < 4 (of 10) at departure of PACU in OR Patients 麻醉恢复室入室疼痛控制率 (疼痛值<4分)	
44. Pain Reassessment within 1 hour 疼痛再评估率 (1小时内)	
45. Number of complaint per Admissions and Visits 患者投诉率	
46. NPS for Outpatient Healthcare Provider 门诊医生净推荐指数	
47. NPS for Inpatient facility 医院(住院)净推荐指数	
48. Case closure by PS within 30 days after complaints reported 30天内投诉关闭率	
49. Waiting time within 20min 门诊患者等候时间<=20分钟的比率	
50. Test Result Sign Off Rate	

Rehabilitation

Multidisciplinary rehabilitation plan within 7 days 7天内多学科康复计划完成率	脑卒中患者ADL(日常生活活动能力)改善率
ICF rehab-set assessment rate within 72 hours of admission ICF康复组合入院72小时内评估率	Discharged follow up rate within 30 days 出院后30天内随访率
ICF康复组合出院评估率	Mastitis risk assessment rate within 72 hours of admission 入院72小时内乳腺炎风险评估率
ICF康复组合身体功能评分改善率	Mastitis Appropriate Prophylaxis and Documentation Rate within 72 hours of admission 入院72hr内乳腺炎合理预防率
ICF康复组合活动和参与评分改善率	治疗师首次治疗记录72h完成率

Women & Children

Post vaginal Delivery complications: Vaginal tissue tears 阴道分娩并发症: Ⅲ-Ⅳ度会阴裂伤发生率	Patient Safety: Documentation completion Rate for PSA (Procedure Sedation and Analgesia) outside the OR 患者安全: 手术室外镇静和镇痛操作的文档记录完成率
Effectiveness of Hep B Transmission prevention 乙肝母婴传播干预率	会阴切开率
Patient Experience/Early identification of post op complications: Day Case Follow up Rate 患者体验/术后并发症早期发现: 日间手术随访率	Providing Continuous Care: Patient management for syphilis 提供持续护理: 梅毒感染孕产妇出院指导率
Prenatal nutrition management: Newborn Weight 产前营养管理: 巨大儿发生率	


Traditional Chinese Medicine

In Progress

UFH Clinical Network Quality Indicators

OB	1. Overall C-section Rate
	2. Operative Vaginal Delivery Rate
	3. Elective delivery below 39 weeks with no medical indication
	4. Pitocin augmentation Rate
	5. Induction of labor Rate
	6. Rate of Neonatal Admission at term (48hr?)
	7. Cord pH <7.05
	8. Birthweight >=4000g
	9. Birthweight <2500g
	10. Epidural Rate of Vaginal Delivery
	11. Pre-term delivery rate from >=32 to <37 weeks
	12. Severe pre-term delivery rate between from >=26 and <32 weeks
	13. Rate of Severe pre-term pregnancy transferred out for delivery between from >=26 and <32 weeks
	14. Rate of Significant maternal or fetal event
	15. Weight gain in pregnancy
	16. Episiotomy rate
	17. Severe Vaginal Tear Rate
GYN	18. GYN Operation Bleeding Rate (bleeding >500ml)
	19. GYN Reoperation Rate (within 30 days)
Peds	20. Pediatric Antibiotic Usage Compliance Rate – URI
	21. Patient Education (NEW!)
IM	22. Colon Cancer Screening Rate
	23. Smoking Cessation Education Completion Rate for smoking patients
FM	24. Colon Cancer Screening Education Rate
	25. health checkup (NEW!)
	26. referral rate (NEW!)
Mental Health	27. New Patient Physical Health Monitoring Intake Panel
Dental	28. 橡皮障隔离术在根管治疗中的使用率
	29. Fillings Redo Rate
	30. Oral hygiene instructions Rate
	31. 牙周病治疗前牙周大表使用率
	32. Post-op Antibiotic Duration <24hr
Surgery	33. 四级手术术前MDT讨论完成率
	34. Rate of PreOp and PostOp Diagnosis Discrepancy
	35. 三四级手术占比 (NEW!)
	36. ClavinDindo使用率 (NEW!)
Ortho	37. 术前检查结果Sign-off Rate
	38. 骨科围手术期抗菌药物使用
	39. 医院获得性VTE发生率
	40. revision rate
ER	41. STEMI patient management - Door to Balloon time (NEW!)
	42. stroke patient management - Door to needle time (NEW!)
Anesthesia	43. Rate of Post-op Pain score < 4 within 24hr
	44. Epidural Rate of Vaginal Delivery
	45. Indicator about ERAS (NEW!)
Imaging	46. Rate of Imaging Report Addendum >=2 times
	47. Appropriate Imaging Report TAT (turn-around-time), Arrive to Execute
	48. Appropriate Imaging Report TAT (turn-around-time), Execute to Report
	49. Ultrasound QI (NEW!)
Infection Control	50. post-operative antibiotic duration <24h
	51. Infection Rate of clean incision
	52. Sharp injury Rate
	53. HAI (hospital acquired infection) incident rate
Lab	54. Bundles compliance rate for VAP and CRBSI
	55. Clotted Cord Blood Sample Rate脐带血样本凝集率
	56. 外检实验处理(漏送、送错项目等) 错误率
	57. Unsatisfied Report Rate不满意报告率
Pharmacy	58. Medication Reconciliation Rate
	59. DDD (抗生素使用强度)
	60. Basic Medication Prescription Ratio (基药处方占比)
	61. Etiology Test Rate Before Antibiotic Usage for Inpatients
	62. Outpatient/Inpatient Antibiotic Usage Rate

← ↻ 🏠 ⚠️ Not secure | wiki.ufh.com/display/UPAN/QI+Summary

 和睦家医疗 Wiki - IT 文档协作系统 Spaces People

🔍 Search ? Log in

Clinical Pathway - QAS

PAGE TREE

- Announcements
- Documents Library
 - HR
 - UFH IT
 - Digital Growth
 - UFH QAS
 - Public Documents Folder
 - QAS Public
 - 1. Rate of Low Body Temperature
 - 2. Unplanned Return to Operating Theater
 - 3. Unplanned Readmission
 - 4. Rate of Critical Value Results
 - 5. Rate of Critical Value Results
 - 6. VTE Appropriate Prophylaxis
 - 7. DVT Screening within 24hr
 - 8. Rate of Patients Left-within
 - 9. Ratio of ED Patients with
 - 10. Pregnancy Assessment
 - 11. ED Door-to-Evaluation
 - 12. Sepsis Antibiotic Usage
 - 13. Rate of Staff Reported

QI List 链接: QI list 2024_20240612.xlsx

No. 序号	Pillar 方面	QI Descriptions 质量控制指标名称	Numerator 分子	Denominator 分母	Target 目标值	Threshold 阈值	BI status BI状态	2024 Status	Owner 负责人
1	Patient Safety 患者安全	Rate of OR Patients with Low Body Temperature at PACU Admission 麻醉恢复室入室低体温发生率	Number of patients with low body temperature (< 36°C) at PACU admission 麻醉恢复室入室低体温 (<36°C) 患者人数	Number of patients with surgery followed by PACU stay. 同期手术后入麻醉恢复室的患者人数	<5%	<8%	BI ready	Keep 不变	
2	Patient Safety 患者安全	unplanned return to operating theater within 48hr in same episode 48小时非计划重返手术室再手术率	Number of patients reoperated within 48hr. (who have more than one operation record in one episode, and 2nd Theater-in Time - 1st Theater-out/PACU-out Time <=48) 同一次住院期间, 48小时内非计划重返手术室发生例数【48小时内 (第二次进入手术室时间到第一次离开手术室/PACU时间) 有两次以上手术记录的患者数量】	All discharged surgical inpatient patients. * Inpatient patients: episode subtype= inpatient or daycase. 住院手术患者人数	<0.12%	<0.22%	BI ready	Keep 不变	
3	Patient Safety 患者安全	unplanned readmission within 31 days 出院患者31天非计划再入院率	Number of cases who are readmitted within 31days with the same or relevant diagnosis (first 3 characters of ICD-10 diagnosis) 出院患者31天内再次入院例数	Number of inpatient cases discharged from this facility. * Inpatient cases: episode subtype=inpatient. 出院患者人数	<1.2%	<2.3%	BI ready	Keep 不变	

Performance -- BI Data Platform

NEW FRONTIER
新风天域

和睦家医疗
United Family Healthcare

数据决策系统

Export

Performance AnalysisAdaptation

Customer

OP & ER

Inpatient

Operation

Laboratory

Imaging

QAS

旧平台迁移报表

QAS Raw Data

QI Raw Data

QI Monthly Summary

Medical Record

应急管理报告

Month: 2024 Year 4 Month - 2024 Year 6 Month Market Unlimited

UFH QI Report Card

UFH QIRehabilitationWomen&Children

Month	Apr-2024			May-2024			Jun-2024			total	
QI Name	分母	分子	Rate %	分母	分子	Rate %	分母	分子	Rate %	分母	分子
* 01.Rate of Low Body Temperature at PACU Admission	773	29	3.8%	783	26	3.3%	790	31	3.9%	2,346	
* 02.Unplanned Return to OR within 48hr	866	0	0.0%	915	2	0.2%	977	4	0.4%	2,758	
* 03.Unplanned Readmission within 31 days	1,444	19	1.3%	1,528	19	1.2%	1,614	17	1.1%	4,586	
* 04.Rate of Critical Value Response Documented	371	257	69.3%	297	187	63.0%	362	256	70.7%	1,030	
* 05.Rate of Critical Value Response within 5min	230	230	100.0%	233	231	99.1%				463	
* 06.VTE Appropriate Prophylaxis-General	346	260	75.1%	362	264	72.9%	340	253	74.4%	1,048	
* 07.DVT Screening within 24hr after Delivery	456	402	88.2%	463	391	84.4%	538	479	89.0%	1,457	
* 08.Rate of Patients LWBS in ER	8,876	83	0.9%	9,527	95	1.0%	9,304	76	0.8%	27,707	
* 09.Rate of ED Patients Arrival to Discharge within 4hr	8,665	8,403	97.0%	9,253	9,011	97.4%	9,052	8,759	96.8%	26,970	26
* 10.Pregnancy Assessment Rate in ER Non-pregnant Patients	116	104	89.7%	120	109	90.8%	99	87	87.9%	335	
* 11.Rate of ER Door to Evaluation within Appropriate Timeframe	8,014	7,641	95.3%	8,533	8,036	94.2%	8,342	7,925	95.0%	24,889	25
* 12.Rate of Timely Antibiotic Usage for Sepsis Patients	1	1	100.0%	3	3	100.0%	1	1	100.0%	5	
* 13.Rate of Staff Reported Events	82,535	434	0.5%	86,693	404	0.5%	86,926	326	0.4%	256,154	
* 14.Rate of Event Case closure within 30 days	434	376	86.6%	404	200	49.5%	326	102	31.3%	1,164	
* 15.Rate of Patient Identification Errors	82,535	6	0.0%	86,693	5	0.0%	86,926	3	0.0%	256,154	
* 16.Rate of Imaging Report Addendum After 24hr	20,615	47	0.2%	22,945	33	0.1%	23,885	49	0.2%	67,445	
* 17.Rate of STAT Imaging Report TAT within 60min	13	12	92.3%	8	5	62.5%	13	8	61.5%	34	
* 18.Rate of STAT Lab Reports within Target TAT	1,168	1,117	95.6%	1,265	1,223	96.7%	1,124	1,080	96.1%	3,557	
* 19.Rate of Specimen Rejected	72,441	110	0.2%	76,736	92	0.1%				149,177	
* 20.Rate of OP/ER Qualified Prescriptions	1,917	1,879	98.0%	1,767	1,741	98.5%				3,684	

Incident Report Trends - BI Data Platform



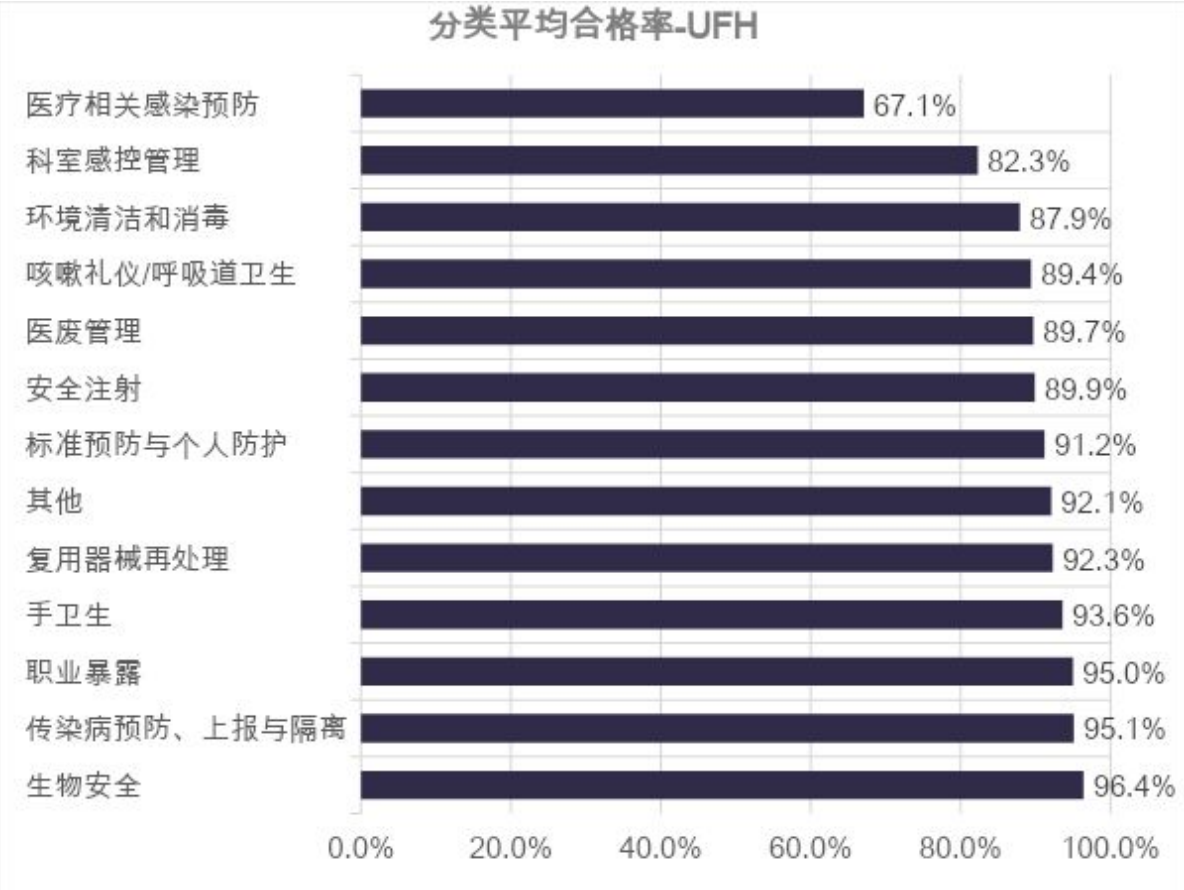
Clinical Audit Program



Clinical audits start with National Health Bureau 18 core policies and JCI IPSP standards. Each facility should have a local audit plan based on situation and needs.

Month	Audit Topic	参考18项核心制度
Feb	New Technology	新技术新项目准入制度
Apr	Infection Control	院内感染控制管理
May	Patient Identification	查对制度
Jun	Credentialing & Privileging	手术分级管理制度？
Jul	Consent	知情同意书管理
Aug	Narcotics	精麻药品管理制度
Sep	Nursing	护理质量管理
Oct	Perioperative Audit	手术质量安全管理
Nov	Code Blue	急危重症患者抢救
Dec	Facility Management & Safety	设施安全管理制度

Notes:
Focus on Health Bureau 18 core policies



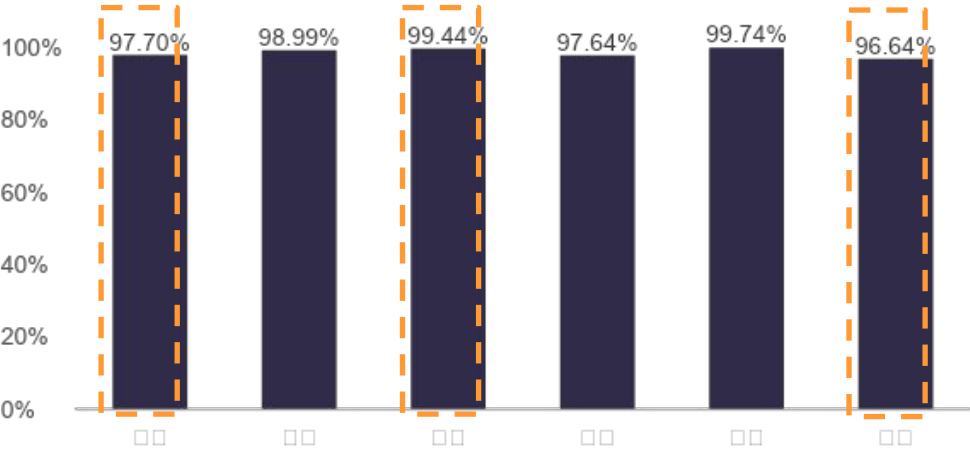
Summary of Audit Findings - UFH (3-5 key findings)

Number of audited Dept.: 117 Total Compliance rate: 90.9%

Audit by: IC dept. Managers form each facilities

KEY FINDINGS	CHANGES MADE	COMPLETION STATUS
提问医院感染暴发定义和上报时限 (56.31%)	更新医院感染爆发的知识卡片 月度巡查中重点提问	知识卡片已经制作完毕 发放和巡查在进行中
是否及时完成科室感染控制手册相关内容的填写？ (65.14%)	手册中科室风险评估, 年度计划, 季度科室感控小组活动记没有及时完成 科室感控护士负责完成手册内容的填写与更新	已经完成护士长有关手册使用的培训 进行中
是否知晓卡瓦布接触时间？ (73.91%)	在卡瓦布使用SOP上重点标记接触时间 反馈检查结果中的问题项目 月度巡查中重点提问	制作中 检查反馈将在各个U的护士长会上进行
安全注射—提问静脉留置针注射消毒范围 8*8cm, 肌肉注射 5*5cm, 中心静脉消毒范围15*15cm (77.42%)	实际操作科室回答较好, 操作较少的科室对实际范围数字回答不清晰。——扩大科室培训范围, 尤其对可能有cross-cover人员的科室重点培训 纳入年度考核问题	进行中
提问医疗保健相关感染定义、以及科室常见医疗保健相关感染类型 (77.88%)	纳入今年感染控制培训计划 定期将发现的医院感染病例数据统计反馈科室 科室与感控检查中作为重点提问问题	进行中

Patient Identification



	注册	诊疗	影像	腕带	交接	用药	总计
BJM	97.80%	95.04%	100.0%	92.13%	100.0%	89.19%	95.7%
SHM	99.67%	100.00%	96.67%	100.00%	100.00%	100.00%	99.4%
TJU	95.00%	99.20%	100.00%	100.00%	100.00%	93.75%	98.0%
QDU	100.00%	100.00%	100.00%	95.65%	100.00%	96.88%	98.8%
GZU	98.7%	99.7%	100.0%	98.0%	98.4%	100.0%	99.2%
SZU	95.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.2%
UFH AVG	97.7%	99.0%	99.4%	97.6%	99.7%	96.6%	98.4%

注册:

- 采用反问方式询问
- 未用两种或以上的身份核对标识 (eg. 手机号)
- 注册时输入错误姓名/拼音/生日/手机号

诊疗:

- 给患者提供特殊饮食前, 未使用两个患者身份核对标识。
- 输液换药时未核对身份
- 核对方式不正确 (eg. 给患者看标签)

影像:

- 采用反问方式询问

腕带:

- PPR宝宝不佩戴腕带或腕带过紧, 腕带机打印错位或无法正常使用

交接:

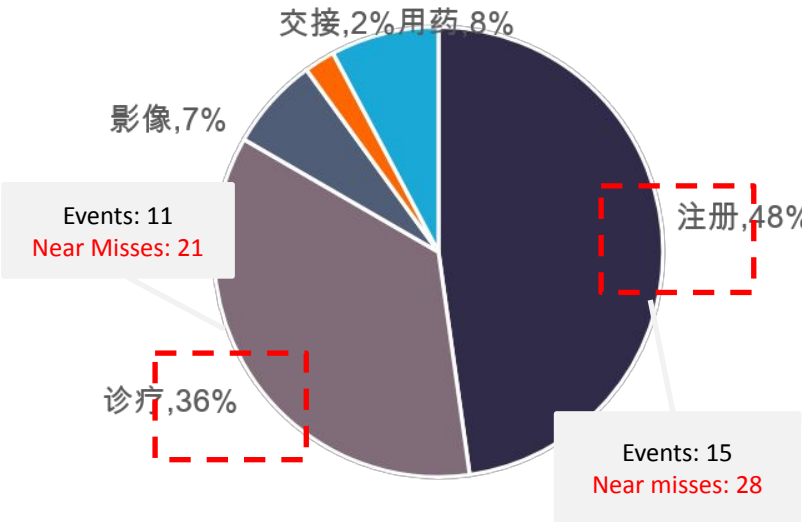
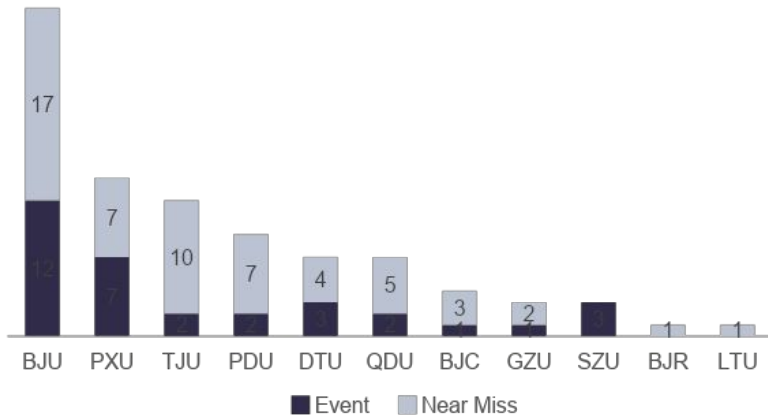
- 无双人/面对面核对患者信息

药房:

- 患者取药时, 仅核对患者姓名或手机号
- 采用反问方式询问
- 部分小语种患者, 仅与翻译核对信息

Total number of Identification Events/near misses : 90

- Events: 33
- Near misses: 57



Number of audits: 176*22 Total Compliance rate: 96.8% (3749/3872)

KEY FINDINGS	CHANGES MADE	COMPLETION STATUS
Credentials (Training) <input type="checkbox"/> 大部分兼职医师没有 BLS <input type="checkbox"/> 部分兼职医师没有毒麻药 narcotic training	<ul style="list-style-type: none"> AMS: 培训证明local hospital 探讨UFH EM, ICU, Anes. 培训的必要性 	To be done
Credentials (Degree Verification) <input type="checkbox"/> 5位本科学位的认证存在困难 (1979/80s, or 证书丢失, 国外, etc.)	<ul style="list-style-type: none"> Reinforce due-diligence process 	To be done
Verification Report <input type="checkbox"/> 3位医生没有完整的report, 没有review approval <ul style="list-style-type: none"> 1位医生2010年开始兼职, 当时还没有开始对兼职进行资质认证 2位2022年入职, 因为facility MSO 员工变化, 存在交接漏洞 	<ul style="list-style-type: none"> 加强 MSO新员工培训 	In process

Summary of Audit Findings (UFH score <80%) and Action

Market	Location	Score/100
BJM	BJU	92
	DTU	81.5
	Rehab	93
	TZC	98
	LMC (new site)	93.5
	NHC	77
	BJM Average	89.2
SHM	PXU	89.5
	PDU	95
	LTU	87
	SHM Average	90.5
GZU		95
SZU		91
TJU		90
QDU		96
	UFH Average	90.27

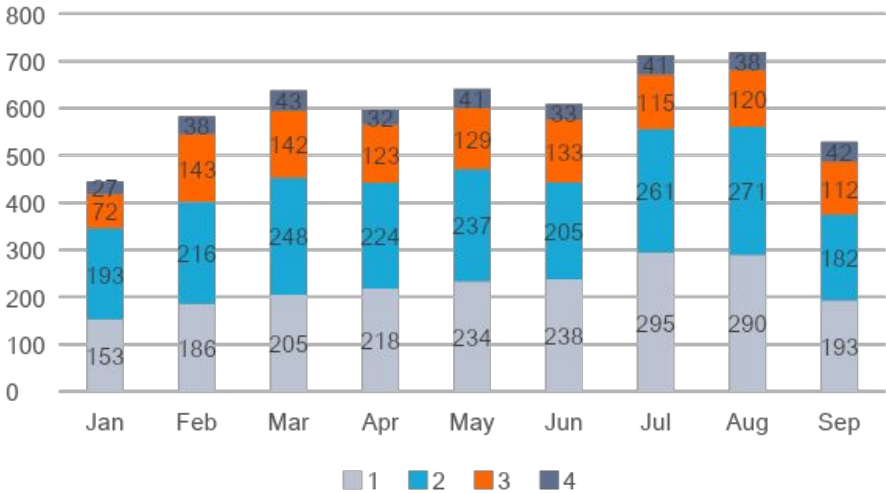
KEY FINDINGS	DEFICIENT SITES	ACTION PLAN	COMPLETION STATUS
麻醉科、手术室等重点科室需成立专门工作小组 NEW	PXU, DTU, BJU, BJR	<ul style="list-style-type: none">PXU因为已有精麻管理小组, 并且正常运作, 符合上海政府检查要求, 故暂时不另行成立专门小组。需建立专门工作小组(制度化)并明确小组成员的工作职责	與科室確認時間後盡快成立專門小組, 1個月內
医生开具精麻药品处方时, 是否在病历中进行记录 NEW	DTU, TJU, SZU, BJU, GZU	<ul style="list-style-type: none">加强医生培训药师审核: 由药师对医生开具的精神麻醉药品处方进行审核, 如醫生沒有在病历明确记录, 可向醫生反映, 待醫生修改完畢才調配藥物給病人	病例中进行记录是个长期的过程; 会继续加强监管; 已与麻醉科主任沟通, 会在MAB推进医生执行。
门急诊患者癌痛或慢性疼痛患者需长期使用麻药, 是否已签署知情同意书	PXU, PDU, SZU, BJU, NHC	<ul style="list-style-type: none">现有版本为2007年版, 酌情更新知情同意书版本, 并与相关科室落实使用	BJU 已联系BJU杨璐主任, 有慢性患者均需签署知情同意。同时已联系NHC, 并给出模板, 后续会根据使用情况执行。
余液销毁是否在监控下, 按规范来操作	TJU, SZU, BJU, NHC	<ul style="list-style-type: none">TJU: 建议在摄像头下把残余毒麻药注射到纸巾或纱布上, 完善处置流程, 或者在水池出增加摄像头。SZU: 余液销毁处没有监控摄像设备, 建议及时按规定安装监控摄像设备BJU: ENDO已申请在操作间弃用剩余麻精药品位置加装监控, ICU还需要固定一个余量销毁的位置, 延长监控保存时间。NHC: 监控可追溯时长需完善	BJU: ICU已确认后后续将在保存室销毁余液, 此处监控保存时间合格。ENDO监控已完成现场勘察, 即将安装
处方医生处方权通过Trak system权限管理	PXU, LTU, DTU	医务科与 HIS 正在走相关流程落实	LTU/PXU : 8月底前 DTU: 9月中
是否已开展麻药处方电子化	PXU, DTU, BJU, GZU	BJU 住院: 计划从手术室开始, 到OB, 到GP in 到ICU PXU + LTU 住院医嘱 DTU等主院推行成熟后开始实行 GZU 门诊 处方专用打印机	BJU: 手术室8月22日将试行电子化处方, 后续根据实行情况继续改进, 成熟后扩展到全院住院科室
Pain contract 管理特殊患者	UFH	加强pain contract icon正确使用	8月底前给到相关部门再教育

Preoperative Audit

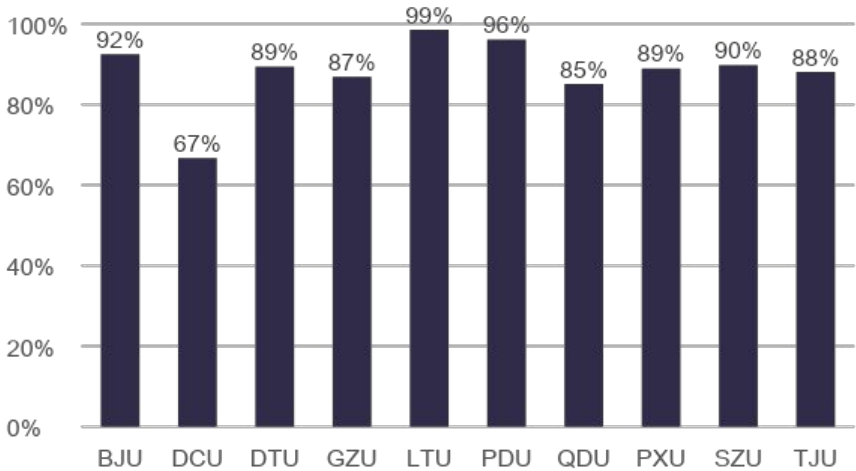
日间手术占择期手术比例：
 $3203/6014= 53\%$

手术记录术后24小时完成率：
 $UFH = 5433/6014 = 90\%$

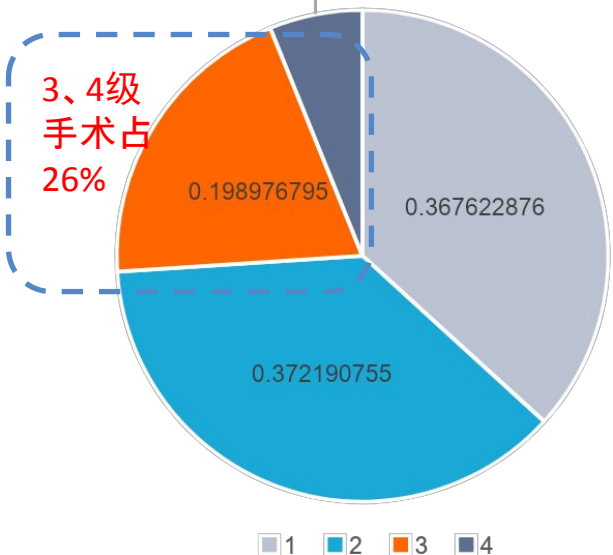
手术分级月度趋势



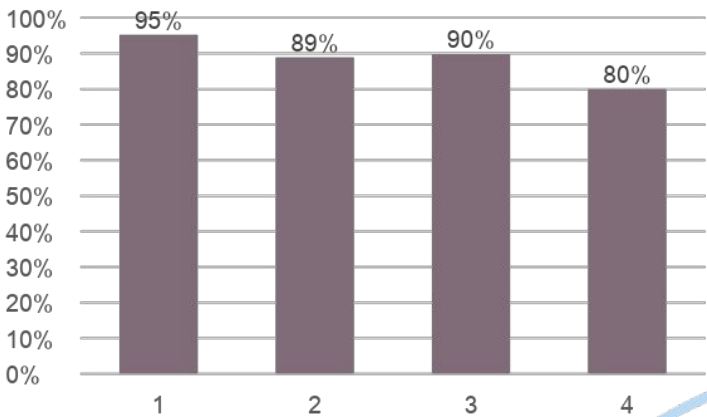
术后24h完成率 (by院区)



NEW FRONTIER 整体分布
新风天域 (2023年1月-9月)



术后24h完成率 (by手术分级)



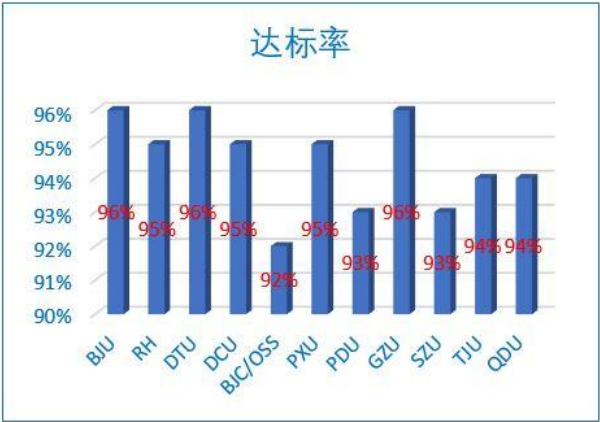
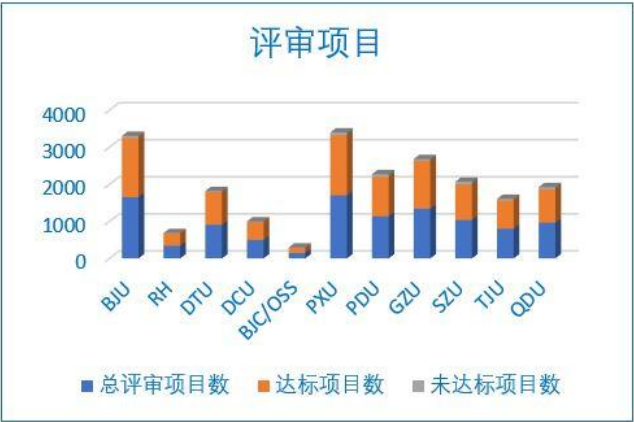
根据《病历书写基本规范》要求“手术记录应当在术后24小时内完成”

Number of audits: 63 new techniques Total Compliance rate: 95.45%
Audit by: Facility MSO

KEY FINDINGS	CHANGES MADE	COMPLETION STATUS
新技术/项目申请准备	<ul style="list-style-type: none">No significant findings其中一个新手术是术后补充提交的申请和批复	NA
审批/实施管理	<ul style="list-style-type: none">没有成立新技术委员会/MAB 没有提前批复其中一个新技术没有 Case Register logPrivileges: 3 new procedures 没有创建 new privileges and criteria5 doctors didn't request privileges before procedures.	Will follow up
评估/监督管理	<ul style="list-style-type: none">有些新技术在实施过程中没有提交到新技术委员会进行半年或年度 review	Need to follow up
风险监控	<ul style="list-style-type: none">有些新技术没有上报 QLT(每半年) 进行合规性汇报以及并发症监控	Need follow up
What we learned from audit?	<ul style="list-style-type: none">We can find the variance in a timely mannerIt provides an opportunity to improve our current process in both facility and organization level	NA

		总评审项目数	达标项目数	未达标项目数	达标率
1	BJU	1654	1592	62	96%
2	RH	344	330	14	95%
3	DTU	910	877	33	96%
4	DCU	500	478	22	95%
5	BJC/OSS	148	136	12	92%
6	PXU	1700	1622	78	95%
7	PDU	1138	1061	77	93%
8	GZU	1341	1293	48	96%
9	SZU	1036	960	76	93%
10	TJU	804	755	49	94%
11	QDU	963	901	62	94%

平均达标率：
94%



	KEY FINDINGS	SUGGESTED CHANGES
团队配合	<ul style="list-style-type: none"> 人员到场后未给leader汇报 角色不清晰, sticker太小看不清; 产科医生作为code blue leader时, 未作出清晰的角色分工 没有ER医生能参加code blue; 实施胸外按压的人员不足, leader分配不合理 	<ul style="list-style-type: none"> 小组组长的角色和抢救能力相辅相成。产科医生仅具备BLS, 建议初步稳定情况后等待急诊或ICU或麻醉医生到场担任leader; Code blue team里若没有急诊或ICU医生, 建议由麻醉医生担任leader; 各职能人员到场后, 大声向leader汇报 以显眼的图形或颜色区分角色(白色sticker的方式待改进)
其他	<ul style="list-style-type: none"> 代码播报信息不准确(eg. 遗漏患者类型, 代码类型错误) 房间氧气接头缺失, 影响抢救使用 抢救车未准备充分(eg. 电极片与导联不匹配; 没有喉镜; 没有腺苷) 	<ul style="list-style-type: none"> 加强代码播报的培训; 广播旁张贴标准术语? 病房内常规配备氧气接头 加强每日抢救车的检查, 按checklist逐项检查; 抢救车里是否需常规配备腺苷?
抢救技能	<p>Leader:</p> <ul style="list-style-type: none"> Leader对患者病情评估不充分, intervention不合适(eg. SVT的处理) 心电图判断不够, 判断不出正确的心电图情况, 无法给出正确的处理 没有每2min 重新评估 抢救过程病情评估和病因分析不到位 患者仍有意识时给予电复律, 未给予sedation <p>Airway:</p> <ul style="list-style-type: none"> 插管后Ambubag通气频率过快, 且未见有效胸廓起伏 <p>Chest Compression:</p> <ul style="list-style-type: none"> 非高质量胸外按压: 深度不够、位置移位、胸廓未回弹 床过高, 按压时需要配备不同高度的凳子 <p>Defibrillation:</p> <ul style="list-style-type: none"> 除颤时机和电复律能量把握不准 使用paddle时未涂导电糊, 将儿童一次性pad用在成人身上 执行医嘱没有read back, 未做到闭环沟通 <p>Recording:</p> <ul style="list-style-type: none"> Recorder没有每2min提醒一次 抢救记录书写不规范, 静脉通路建立记录写在了用药部分 <p>Others:</p> <ul style="list-style-type: none"> 仍有部分医护人员未接受ACLS/PALS培训 Code blue发生在大前台, 工作人员无法第一时间实施BLS 	<ul style="list-style-type: none"> 加强对产科蓝色代码的演练, 新院区适当提高频率 保证全体医护人员均接受BLS培训, 根据各facility自身情况考虑将BLS培训扩大至前台、保安等人群; 保证重点科室全体医护人员均接受ACLS培训(UFH内部认证即可, 不要求AHA认证) 各facility可将drill中发现的主要问题作为蓝色代码重点测试项目 ACLS培训时建议使用蓝色代码记录表来教学 UFH-EMR-0004-B-FO-005 Code Blue Documentation Record 蓝色代码记录表

KEY FINDINGS	DESCRIPTION	LEARNING POINTS
未使用正确的同意书	1. 无同意书或未上传 2. 未使用正确版本或最新版本	1. 参考Policy的规定, 熟悉同意书的使用场景, 确保该签同意书时都签上; 2. 及时(各facility根据自身情况进行时间规定)将纸质病历扫描至影研系统或上传至Trak; 3. 定期更新科室存放的表格(或定期更新公盘里的电子版forms, 临床使用时自行打印)
Consent填写不完整	诊断、操作、手术益处、手术风险、替代方案等信息未填写完整	常见的术式(如D&C等)可以创建专用的制式同意书, 创建时需包含JCI要求的几项内容。
Consent中使用缩写	同意书中使用缩写, 特别是中文缩写(如全麻)或符号(牙齿用#表示)	按Policy上的缩写规范执行, 同时 中文是否允许缩写? 如果允许需要更新policy
Consent有效期	1. 多次输血未明确标注 2. 同意书提前签署, 如提前3周左右	1. Policy规定如一次住院期间多次输血, 在与患者沟通多次输血的可能性后, 可以只签一份同意书, 但需在同意书上标注 。需严格执行。 2. 经咨询法务: 同意书无法定期限的规定, 但 建议当天或者前几天在门诊签署 ; 周期性治疗(一次治疗方案多次疗程)的知情同意也无明确法律规定。 建议一个疗程签署一次, 期间治疗项目有变化时需重新签订
内容变更, consent未更新	麻醉方式或术式在签署同意书之后有变更, 同意书上未做相应更新	可执行以下几种方式: 1. 在执行前重新签。 2. 在原同意书上再签一次, 注明更改的日期时间; 3. 若原同意书是勾选的形式, 需要在重新勾选的项目旁注明。相关病程记录也需注明变更过程。
医生签名问题	1. Surgical consent 医生签字与术者并非同一人, 常见于外院专家 2. 医生签字不可辩, 无盖章 3. 中国医生签字签拼音 4. 签字时间未精确到分钟	经咨询法务建议如下: 1. 应由与患者告知沟通的具有医师资质的医师签字。 一般来说, 主刀医生在手术前会与患者见面谈话, 其中也会涉及手术同意书的内容, 由主刀医生来谈话并签字是最好的。如有特殊情况, 可以由助手与患者谈话签字, 术前由主刀医生审核同意书签署内容并签字。 2. 法律要求医生的真实签名即可, 但各地卫生监管部门可能有特殊要求。为了更好辨认履行告知的医生, 建议使用执业证上备案的名字, 且同时盖章。 3. 病历书写要求签署到日期, 对于签署到分钟法律无明确规定。为保证医师尽可能充分履行告知义务, 避免纠纷, 建议医患双方均填写告知的地点、时间精确到分。
患者签名问题	1. 患者签字时间未精确到分钟 2. 患者或家属未签字	1. 加强sign in 环节对同意书的核查; 2. 根据Policy要求, 对意识清醒、意识不清等患者采用不同的知情同意流程
监护人/见证人签字问题	1. 发现存在非授权人/监护人进行签字的情况, 如患儿爷爷奶奶签名、陪同患儿来就诊非直系亲属但签妈妈名字、高龄老人未授权签字, 不同家属均进行过签名 2. 多数consent见证人签字均为空	1. 明确未成年人需监护人或委托授权人签署知情同意书, 加强前台、医生、护士对签名审核及知情同意培训 2. 中国法律不需要见证人在同意书上签字。可考虑修改UFH同意书版式。
Consent患者信息标识不全	同意书上并非每一页都有患者信息label	如果同意书双面打印, 也要确保双面都贴上label
缺局麻风险告知	目前手术室外有创操作同意书中, 均没有对局麻风险告知	需修改同意书内容, 增加麻醉风险告知

	KEY FINDINGS	SUGGESTED CHANGES
General 一般要求	<ul style="list-style-type: none">新院区8大计划未完善(安全、安保、危险品、消防、公共设施、医疗设备、灾难、建筑与翻新);其他部分院区 8大计划没有在最近一年内review 或更新, 停留在上一次JCI之前;各项plan缺乏量化指标、改进计划和行动证据;未做2022年度报告。	<ul style="list-style-type: none">各院区系统回顾8项计划, 按院区完成更新;关键绩效/质量指标内涵需要定义得更准确且可衡量;各院区组织年度报告的汇报工作。
Hazmat 危险品	<ul style="list-style-type: none">危化品标识不一致;危化品存放处无MSDS, 无GHS标签;阿姨不了解体液和化学溅包的区别科室危化品存储数量超标或过期洗眼器无法正常出水或初始使用时水质混浊	<ul style="list-style-type: none">及时调整危化品标签;加强危化品专项巡查
Fire 消防	<ul style="list-style-type: none">RACE白板没有更新, 对职责不熟练;部分内部员工和第三方人员(保洁、法派)基本消防知识薄弱(呼叫代码, 灭火器位置, 灭火程序, 灭火器使用等);夜间工作人员数量较少, 夜间的火灾处理和应对较薄弱。	<ul style="list-style-type: none">RACE需每日回顾更新;加强员工(不能忽略第三方员工)消防培训和安全巡查;加强周期性code red drill演练, 重视夜间特殊情况。
Utilities 公用设施	<ul style="list-style-type: none">发电机未做过真负载测试未与供水单位签订供水协议2023年还未进行供水测试无季度的饮用水检测报告	<ul style="list-style-type: none">根据计划实施发电机真负载测试;补充签订供水协议;落实年度供水测试工作;加强水质检测(尤其是饮用水)工作。
Disaster 灾难	<ul style="list-style-type: none">2023年未做灾难演习;2023年未更新HVA(灾害脆弱性分析);	<ul style="list-style-type: none">尽快落实code orange drill, 并更新HVA。
Construction 建筑和翻新	<ul style="list-style-type: none">施工项目未汇报, 未做PCRA 和 ICRA 的评估;	<ul style="list-style-type: none">按要求进行施工项目的评估, 完成PCRA 和 ICRA 文件的评估, 并在施工期间进行勘查

2024 Clinical Audit Plan

Month	Audit Topic	参考18项核心制度
Jan	New Technology	新技术新项目准入制度
Feb	Review 2023 Clinical Audit Summary	
Mar	Blood Transfusion	临床用血审核制度
Apr	Infection Control	院内感染控制管理
May	Patient Identification	查对制度
Jun	Credentialing & Privileging	手术分级管理制度？
Jul	Clinical Documentation	病历管理质控
Aug	Antibiotic Classification	抗菌药物分级管理制度
Sep	Nursing	护理质量管理
Oct	Perioperative Audit	手术质量安全管理
Nov	Code Blue	急危重症患者抢救
Dec	Handover	值班和交接班制度

Notes:
Focus on Health Bureau 18
core policies

International Accreditation in Private Hospitals



2005

2008

2011

2014

2017

2021



和睦家医疗获得国际医疗卫生机构
认证联合委员会(JCI)认证

The UFH network has pioneered JCI quality
accreditation in China

In 2005, Beijing United Family Hospital facilities are
accredited for the first time by Joint Commission
International (JCI).

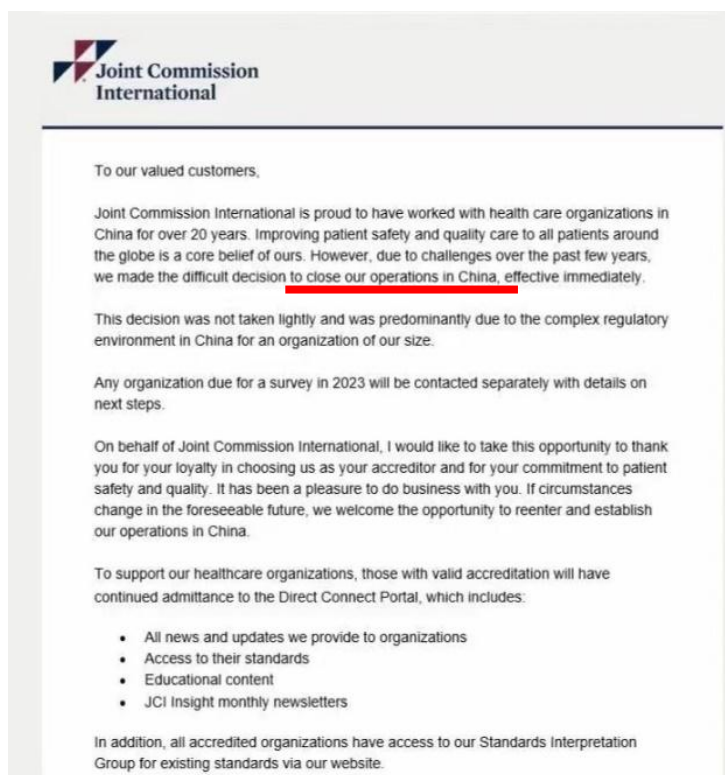
In 2021, United Family Healthcare facilities in Beijing,
Shanghai, Tianjin, Qingdao, and Guangzhou received JCI
accreditation or re-accreditation.



北京和睦家医院病理科、检验科及血库
经美国病理学家学会认证
The BJU Pathology Lab, Clinical Lab, and Blood Bank have
met the standards of the College of American Pathologists

Beijing United Family Hospital is accredited by both the
College of American Pathologists (CAP) and JCI.

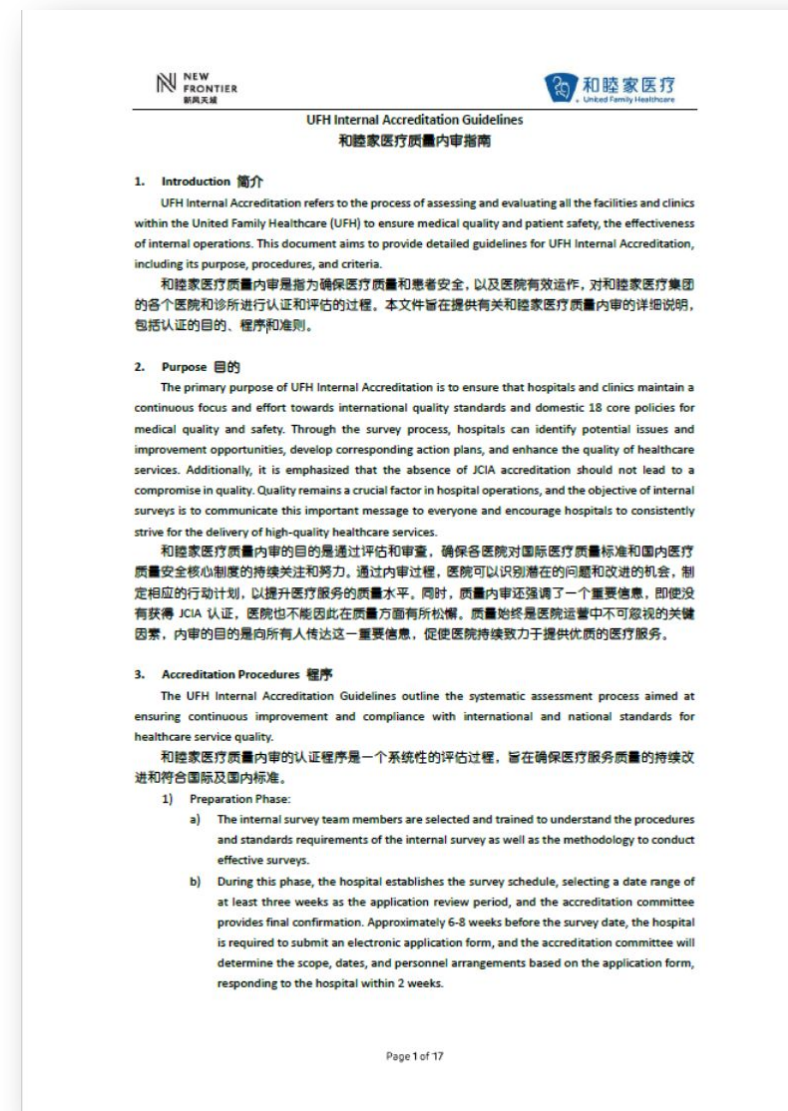
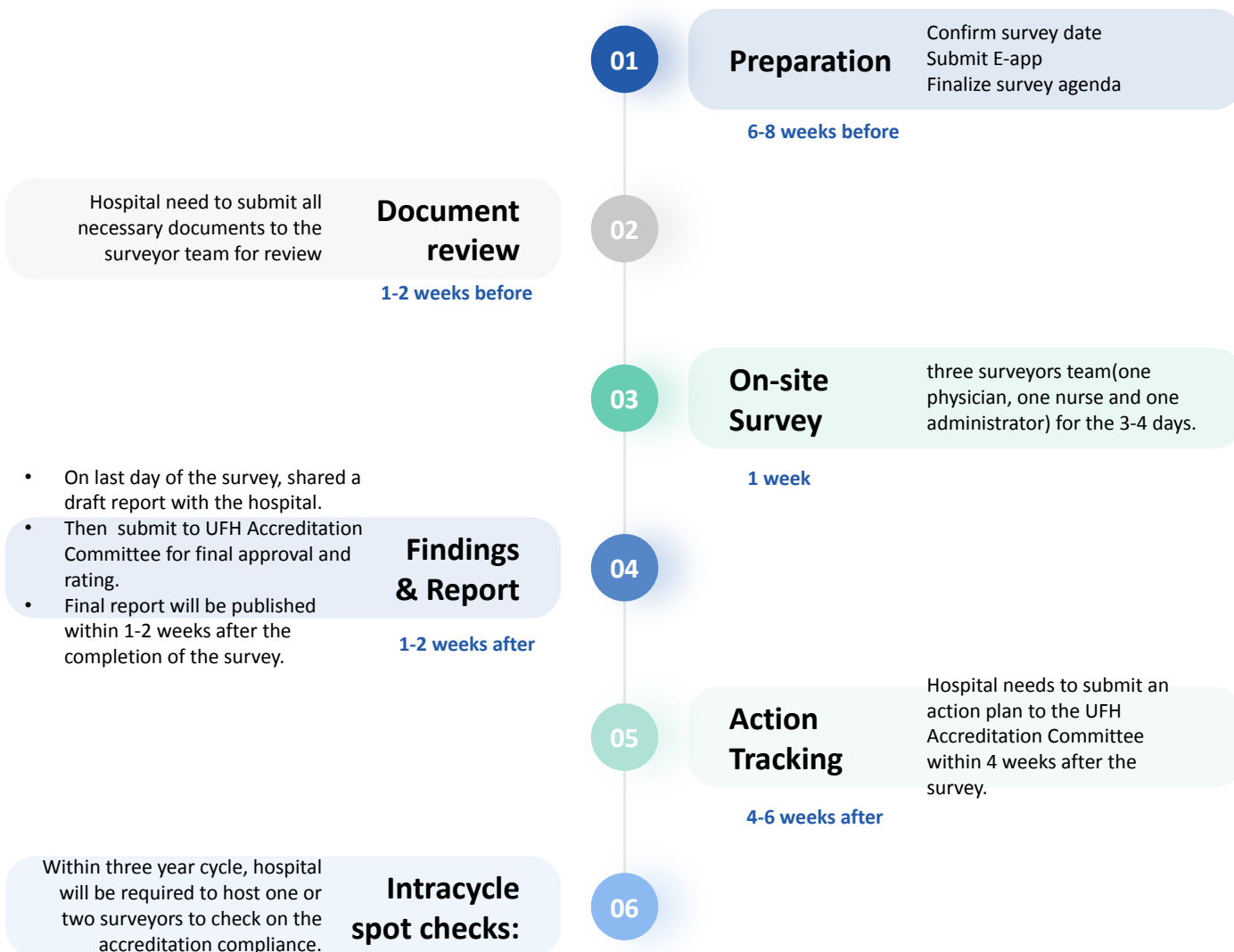
- In April 2023, JCI officially announced the termination of its China business



Challenges for UFH

- 资金或声誉优势的损失:** JCI认证通常是医院从政府、保险公司和其他来源获得支持的必要条件。
- 患者信心降低:** JCI认证是医院证明达到一定质量和安全标准的一种方式。如果没有认证, 患者可能会对医院提供安全有效服务的能力缺乏信心。
- 难以吸引和留住员工:** JCI认证是很多员工选择工作地点时考虑的一个重要因素。没有认证, 医院可能难以吸引和留住合格的工作人员, 进一步影响医疗服务的质量。
- 难以吸引患者:** JCI认证也是患者选择医院时考虑的一个重要因素。竞争力? 没有认证, 医院可能很难吸引病人, 这可能会影响财务稳定性和提供服务的能力。

UFH Internal Accreditation



So far 3 hospitals “passed” internal accreditation

北京和睦家京北妇儿医院

Beijing United Family Women's and Children's Hospital

北京市朝阳区北苑路甲170号院一号楼

Building 1, Beiyuan Road, No. 170A, Chaoyang District, Beijing, P.R. China

已通过认证

has been certified by



UFH Internal Accreditation

通过

Pass

经评审，该组织提供的医疗服务（医疗机构执业许可范围内）符合患者服务和组织管理的国内外医疗质量标准（即中国医疗质量安全核心制度以及医院服务认证国际标准）。

The health care service provided by this organization (within the scope of Practice License of Medical Institution) has been evaluated to be in compliance with domestic and international health care quality standards for patient care and organization management (National Health Commission 18 Core Policies and International Standards for Hospital).

有效期：2024/4/25至2027/4/24 Effective 25 Apr. 2024 through 24 Apr. 2027





Carl Wu

Alastair Mah

Co-founder & CEO, New Frontier; CEO, UFH

Vice President of Medical Affairs, UFH

北京和睦家康复医院

Beijing United Family Rehabilitation Hospital

北京市朝阳区东风乡将台洼村甲168号

1 Yaojiayuan Bei'er Road, Chaoyang District, Beijing, P.R. China

已通过认证

has been certified by



UFH Internal Accreditation

通过

Pass

经评审，该组织提供的医疗服务（医疗机构执业许可范围内）符合患者服务和组织管理的国内外医疗质量标准（即中国医疗质量安全核心制度以及医院服务认证国际标准）。

The health care service provided by this organization (within the scope of Practice License of Medical Institution) has been evaluated to be in compliance with domestic and international health care quality standards for patient care and organization management (National Health Commission 18 Core Policies and International Standards for Hospital).

有效期：2024/6/15至2027/6/14 Effective 15 Jun. 2024 through 14 Jun. 2027





Carl Wu

Alastair Mah

Co-founder & CEO, New Frontier; CEO, UFH

Vice President of Medical Affairs, UFH

上海和睦家医院长宁院区

Shanghai United Family Hospital (Chang Ning)

上海市长宁区平塘路699号

699 Pingtang Road, Changning District, Shanghai, P.R. China

已通过认证

has been certified by



UFH Internal Accreditation

通过

Pass

经评审，该组织提供的医疗服务（医疗机构执业许可范围内）符合患者服务和组织管理的国内外医疗质量标准（即中国医疗质量安全核心制度以及医院服务认证国际标准）。

The health care service provided by this organization (within the scope of Practice License of Medical Institution) has been evaluated to be in compliance with domestic and international health care quality standards for patient care and organization management (National Health Commission 18 Core Policies and International Standards for Hospital).

有效期：2024/6/21至2027/6/20 Effective 21 Jun. 2024 through 20 Jun. 2027





Carl Wu

Alastair Mah

Co-founder & CEO, New Frontier; CEO, UFH

Vice President of Medical Affairs, UFH

Closing the loop: Survey report □ Action plan

【Please review】 Final Version of Approved DTU Survey Report and Request for Action Plan



Eileen LIU

To chleong-NF; Alastair Mah; Shen Xiaoyan; QIAN Wei

Cc 田UFH_Accreditation_surveyor

↩ Reply

↩ Reply All

➡ Forward

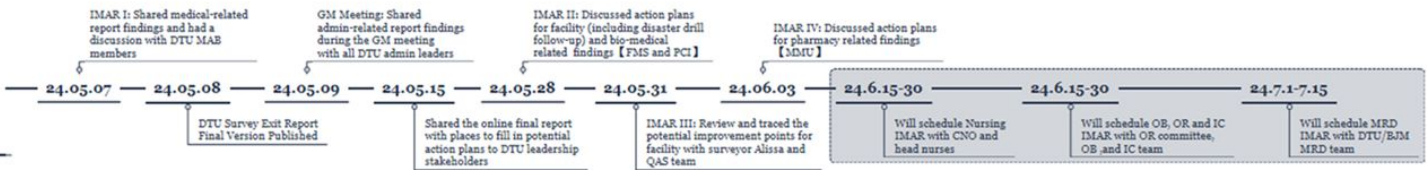
⋮

Tue 6/25/2024 11:03 AM

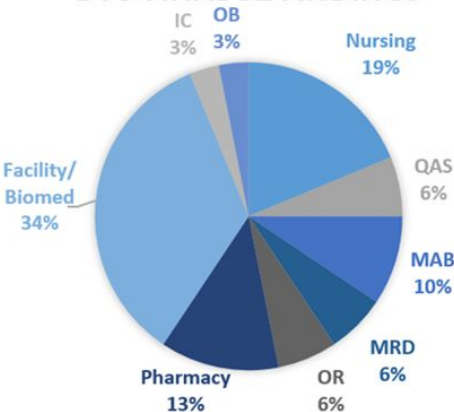


Action plan_DTU.xlsx
36 KB

IMAR (INTERNAL MONTHLY AUDIT REPORT)



DTU FINAL 32 FINDINGS



IMAR Schedule

MAB	5.7
Facility/Bio-med	5.28 & 5.31
Pharmacy	6.3
Nursing	6月下旬
OB/OR/IC	6月下旬
MRD	7月上旬

Culture: Patient Safety Culture

Definition of Patient Safety Culture

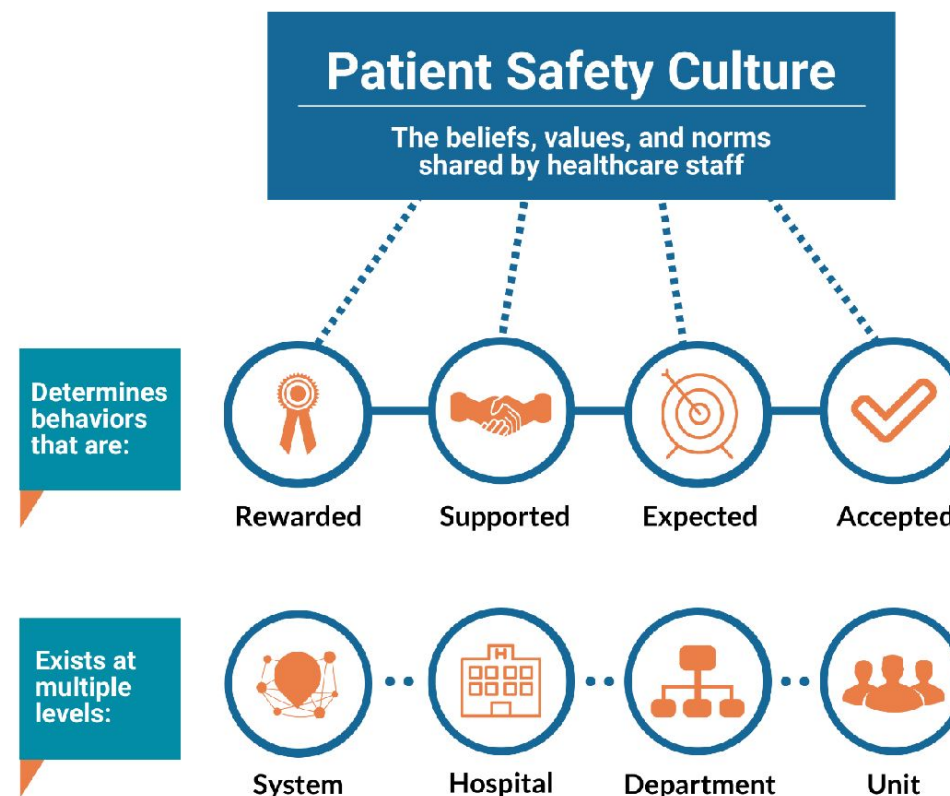
Organizational culture refers to the beliefs, values, and norms shared by staff throughout the organization that influence their actions and behaviors. Patient safety culture is the extent to which these beliefs, values, and norms support and promote patient safety.

Survey Content

AHRQ SOPS Hospital Survey 2.0 includes 32 items that make up 10 composite measures of patient safety culture. In addition, the survey includes two single-item measures asking respondents how many patient safety events they have reported and to provide an overall rating on patient safety for their unit/work area.

Survey Validation

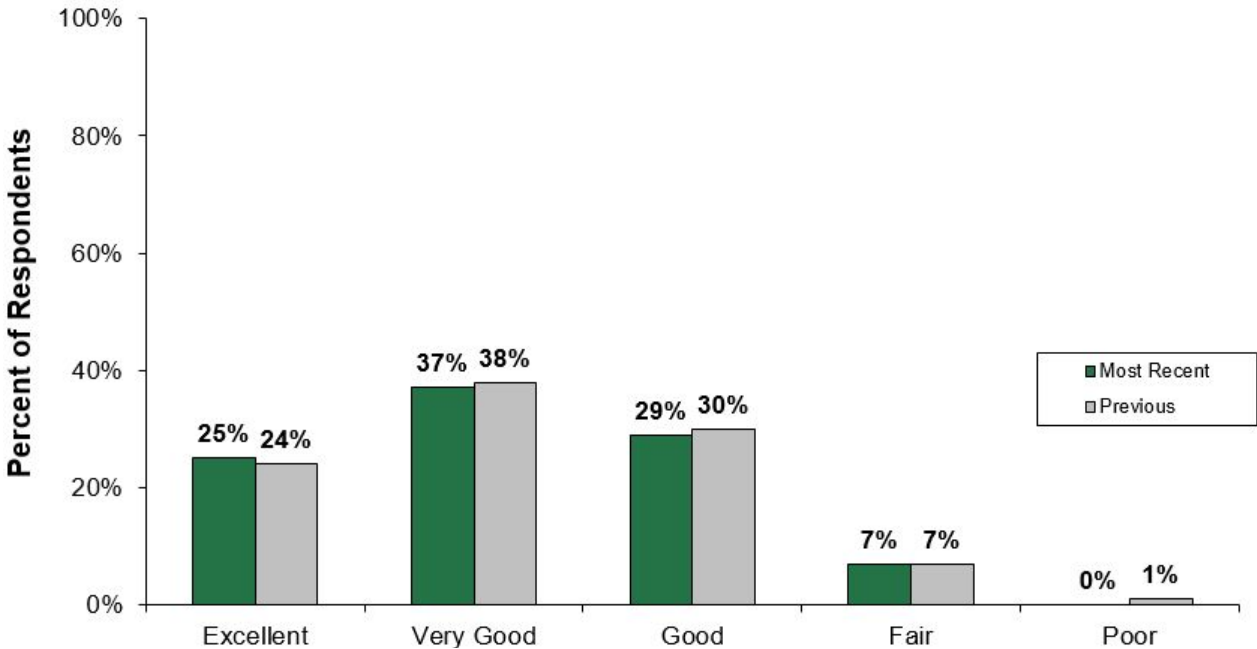
Work together with academics from **Shanghai Jiaotong University** to formally translate, validate, administer and analyze the tool from the AHRQ.



Overall Patient Safety Grade

62%
of respondents
rated their
unit/work area
“Excellent” or
“Very Good”

How would you rate your unit/work area on patient safety?
(Item E1)



- Respondents' positive feedback on the overall patient safety rating was 62 percent, slightly lower than the U.S. reference of 66 percent and unchanged from last year. Seven people were given to poor, all are clinical staff.
- 受访者对于总体患者安全等级的正面反馈率为62%，稍低于与美国参考值的66%，与去年持平。7人给了poor，均为临床人员。

Composite Measures

Measures	UFH 2023	UFH 2022	UFH 2021	UFH 2020	2023-2022 Difference	2023-2022 % Increase	US 2022 Benchmark
Teamwork	88%	88%	88%	86%	0	0	82%
Staffing and Work Pace	55%	59%	55%	47%	-4%	-7%	51%
Organizational Learning—Continuous Improvement	90%	90%	89%	80%	0	0	70%
Response to Error	78%	80%	77%	64%	-2%	-2%	63%
Supervisor, Manager, or Clinical Leader Support for Patient Safety	86%	87%	86%	81%	-1%	-1%	80%
Communication About Error	92%	90%	73%	64%	2%	2%	73%
Communication Openness	82%	79%	77%	64%	3%	4%	76%
Reporting Patient Safety Events	56%	53%	51%	33%	3%	6%	74%
Hospital Management Support for Patient Safety	78%	80%	82%	76%	-2%	-3%	64%
Handoffs and Information Exchange	82%	85%	83%	67%	-3%	-3%	63%
Average	79%	79%	75%	65%	0	0	71%

- 得分最高的两项综合指标是“Communication about error(92%)”和“Organizational Learning(90%)”。此2项指标均为连续3年持续增长。
- 得分最低的两项综合指标是“Staffing and work pace(55%)”和“Reporting Patient Safety Events(56%)”。其中Staffing and Work Pace较去年降低4%，Reporting Patient Safety Events连续3年在持续上升，但仍低于US结果。

- 综合指标平均值与去年持平，高于US参考值。
- 3项与**Speak up culture**相关的指标“Communication About Error”，“Communication Openness”，“Reporting Patient Safety Events”连续3年均持续上升。
- “Hospital Management Support for Patient Safety”这一项综合指标连续2年均降低2%。

Incident Management System



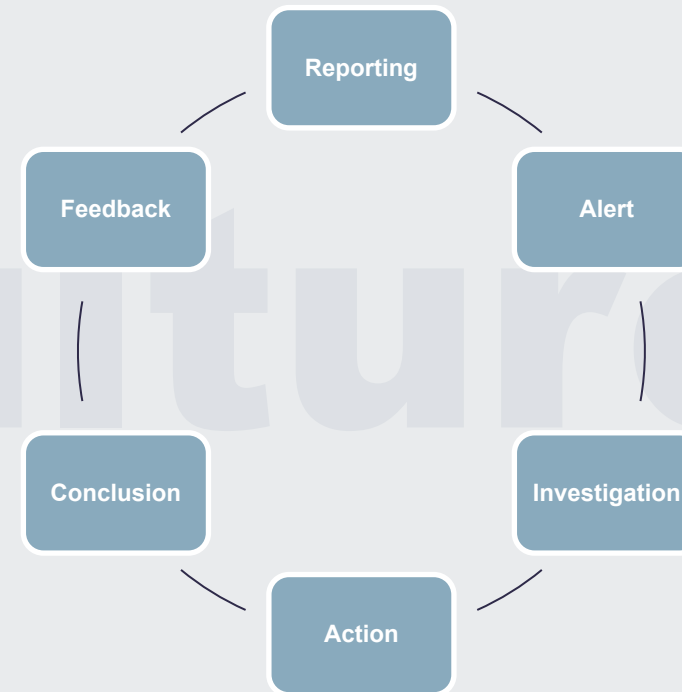
RISKMAN

Riskman is an **Incident Management System** that allows staff to easily submit an event, complaint or compliment while allowing managers to receive alerts, follow up on required tasks, extract management reports, and analyse trends to undertake targeted interventions.

Benefits

- Offers a **simple way to report** by clicking the Riskman icon on the desktop of every UFH computer.
- **Anonymous reporting** makes staff feel more comfortable, embedding the **no-blame culture** in UFH.
- **Targeted alerts** ensure that the managers who need to be involved can be aware of an incident right after it is submitted via Riskman.
- **Close-loop mechanism** makes it easy to **follow up** cases, and **feedback** mechanism encourages more reporting, aligning with Speak-up Culture.

Incident Management Process



A Strategic Quality Approach 质量战略



Safety

- avoiding harm from the care that is intended to help

Effectiveness

- aligning care with evidence based and ensuring efficiency

Consumer experience

- being patient-centered, timely in care and equitable

Quality Strategic Initiatives

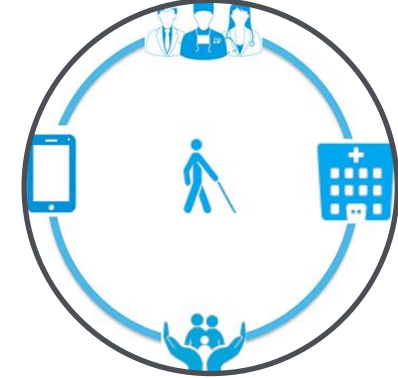
To Be Asia's Premium Standard-Setting Healthcare System



- Staff feel empowered to discuss patient and staff safety issues – Improvement in **Speak Up Culture** as measured in Patient Safety Culture Survey 10% each year*
- **Medication Safety** – reduce medication errors by 10% each year
- **“Hospital at night”** – patient safety would not be compromised after hours
- Internal & External Clinicians' **Hand Over** – 50% of total physician and nursing shifts have handover documented by end of 2022, 70% by end of 2023, 90% by end of 2024



- **Managed Care Program** - improve each clinical outcome indicator by 10% each year
- **AI Technology** to Support Clinical Care (Decision Support for Clinicians) - adopt one use case each year
- **Evidence-based Clinical Pathway & Guidelines** – Implementation of at least 5 Clinical Network procedures per year, audited for compliance target of 95%



- Strengthening **Consumer Service Oriented** mindset – Improve bottom three departments NPS by 10% each year
- Building the **Voice of Consumer** into every step of care – demonstrated in process or procedure
- Improve Customer Experience by ensuring **User-friendly Patient Interactions** – interactions evaluated for improvement by consumers, with a target of 10% improvement in satisfaction to baseline each year.

2022 UFH HOSPITALS' COMMITMENTS

Each UFH Hospital have identified **four initiatives ("1+3")** that they have committed to implement, monitor and evaluate, in order to continually improve their case for our consumers. Speak up culture is a mandatory one for all the hospitals.

SAFETY

Speak up Culture

By each hospital

Medication Safety

By BJU, BJC, DTU, BJR, PXU, QDU

Internal & External Clinicians' Hand Over

By PDU, GZU, TJU, SZU

Hospital at night

By TJU, SZU

- 10+11 projects

EFFECTIVENESS

Managed Care Program

By BJC, PDU, GZU, TJU

Evidence-based Clinical Pathway& guidelines

By BJU, DTU, BJR, QDU

AI Technology to Support Clinical Care

By SZU

- 9 projects

CONSUMER EXPERIENCE

Building the Voice of Consumer into every step of care demonstrated in process or procedure

By BJU, BJC, DTU, BJR, QDU, SZU

Strengthening Consumer Service Oriented mindset

By PXU, PDU, GZU, TJU

- 7 projects

Improve Speak-up Culture

- 10 projects across UFH

SpeakUP™

All the UFH hospitals
commitment
to improve
“Speak up
culture”



Promote Speak up Culture

- No-blame culture from leadership
- Have leadership role-model speak up behaviors
- Celebrate employees who report safety events



Improve feedback

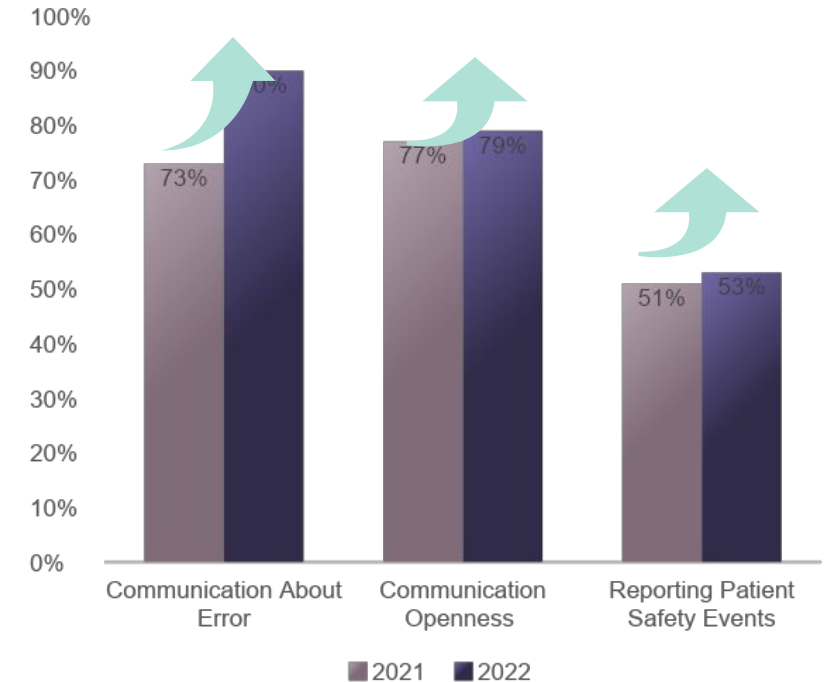
- Reporting system upgrade, add alert function to send feedback to the reporter
- Take advice and implement Feedback



Analysis and sharing

- Cross department communication and group meeting sharing
- Share Credit for team success

AHRQ SOPS Survey result

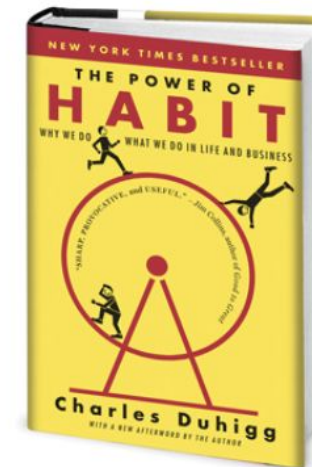


Measures: AHRQ SOPS Hospital Survey 2.0

“Communication about error(%change **+23%**)”,
“Communication openness(%change **+2%**)”, and
“Reporting patient safety events(%change **+3%**) ” are
the foundation of our “Speak Up” Culture

Example: PXU - Toward Zero Error Program

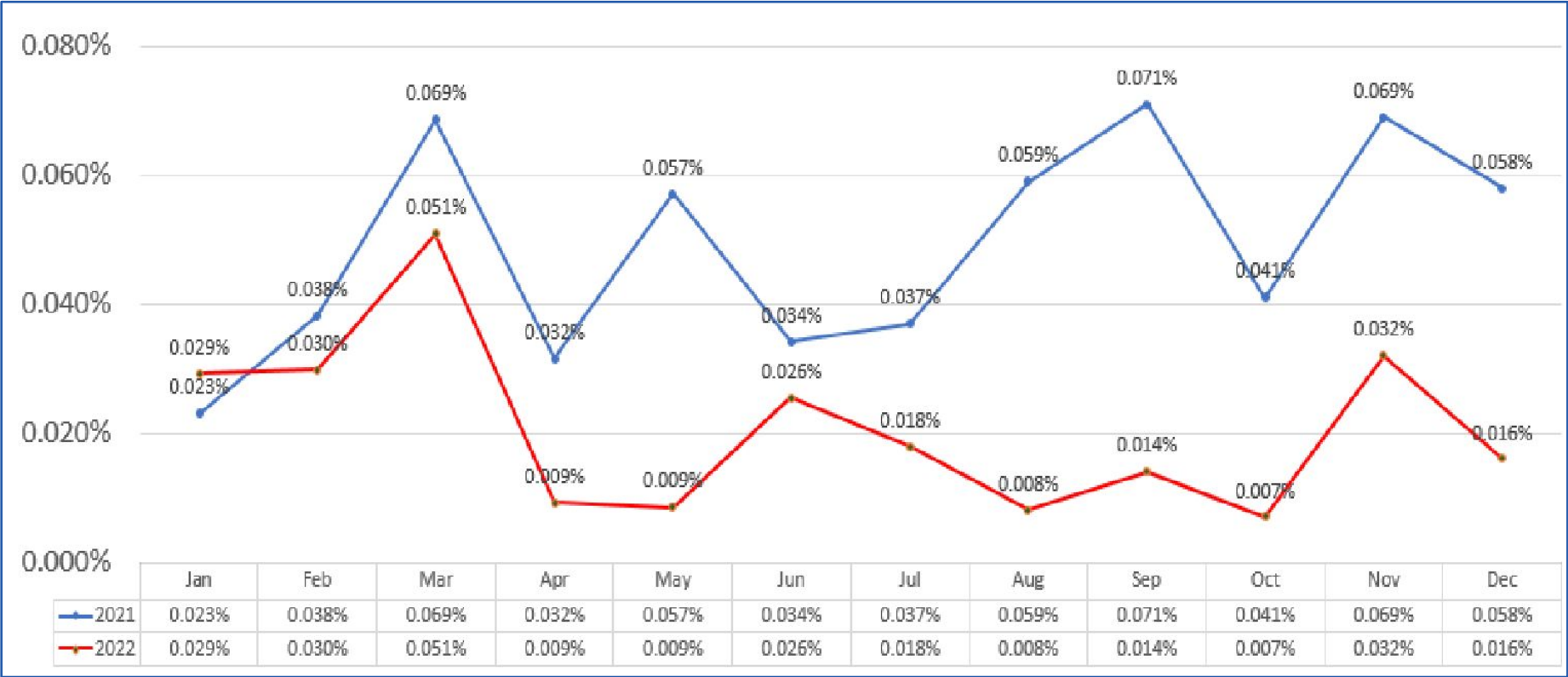
- In order to form institutional habits that improve medication safety, PXU pharmacy department has launched “Zero Error” program. Staff is encouraged to speak up, if any error, slip, or lapse within the department is noticed. **The responsible supervisor will submit a correction plan to the pharmacy manager within 24 hours.**
- The 24 hours time frame is tough. Therefore, **some supervisors proactively review the workflow SOPs.**
- Why we implement Zero Error Program?
 - The Power Of Habit by Charles Duhigg
- Keystone habits Encourage widespread change:
 - ✓ by creating cultures where new values become ingrained.
 - ✓ by creating structures that help other habits to flourish.



The Power of Habit

Why We Do What We
Do in Life and
Business

- 14 new or modified SOPs
- Medication error rate dropped significantly (Medication error rate = total errors in each month/number of prescriptions in each month)
- Dispensing error occurrence dropped 50%

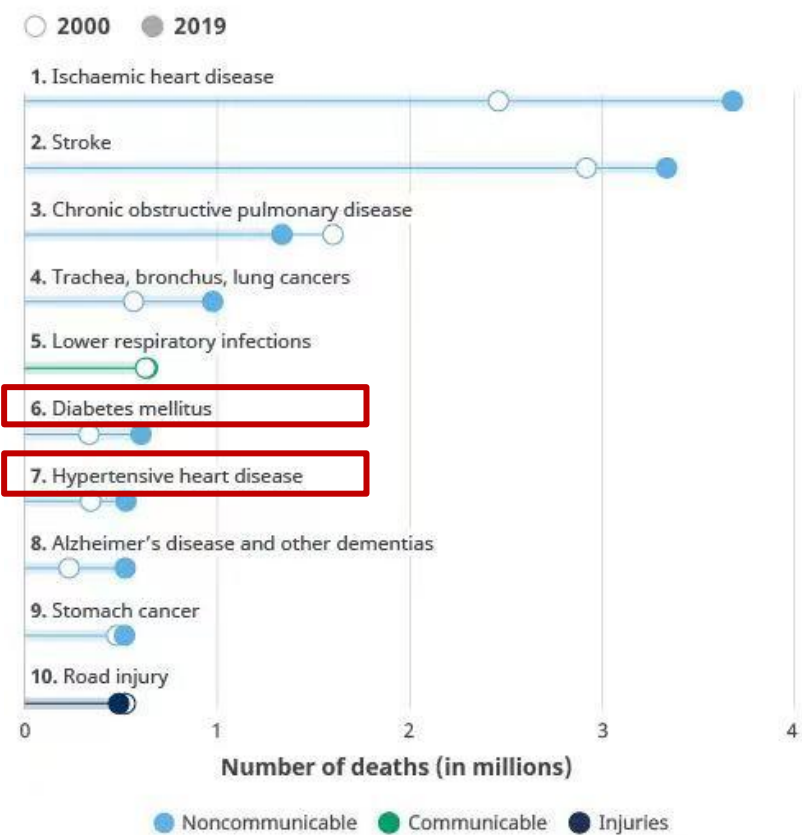


Example: BJC - Managed Care Program Achievement



Background

Leading causes of death in upper-middle-income countries



Source: WHO Global Health Estimates. Note: World Bank 2020 income classification.

Home

Health Topics

Countries

Newsroom

Emergencies

Home / Newsroom / Fact sheets / Detail / The top 10 causes of death

The top 10 causes of death

9 December 2020

In 2019, the top 10 causes of death accounted for 55% of the 55.4 million deaths worldwide.

The top global causes of death, in order of total number of lives lost, are associated with three broad topics: cardiovascular (ischaemic heart disease, stroke), respiratory (chronic obstructive pulmonary disease, lower respiratory infections) and neonatal conditions – which include birth asphyxia and birth trauma, neonatal sepsis and infections, and preterm birth complications.

Causes of death can be grouped into three categories: communicable (infectious and parasitic diseases and maternal, perinatal and nutritional conditions), noncommunicable (chronic) and injuries.

“The top 10 causes of death”, WHO, 2020,
<https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

第三篇 优化健康服务

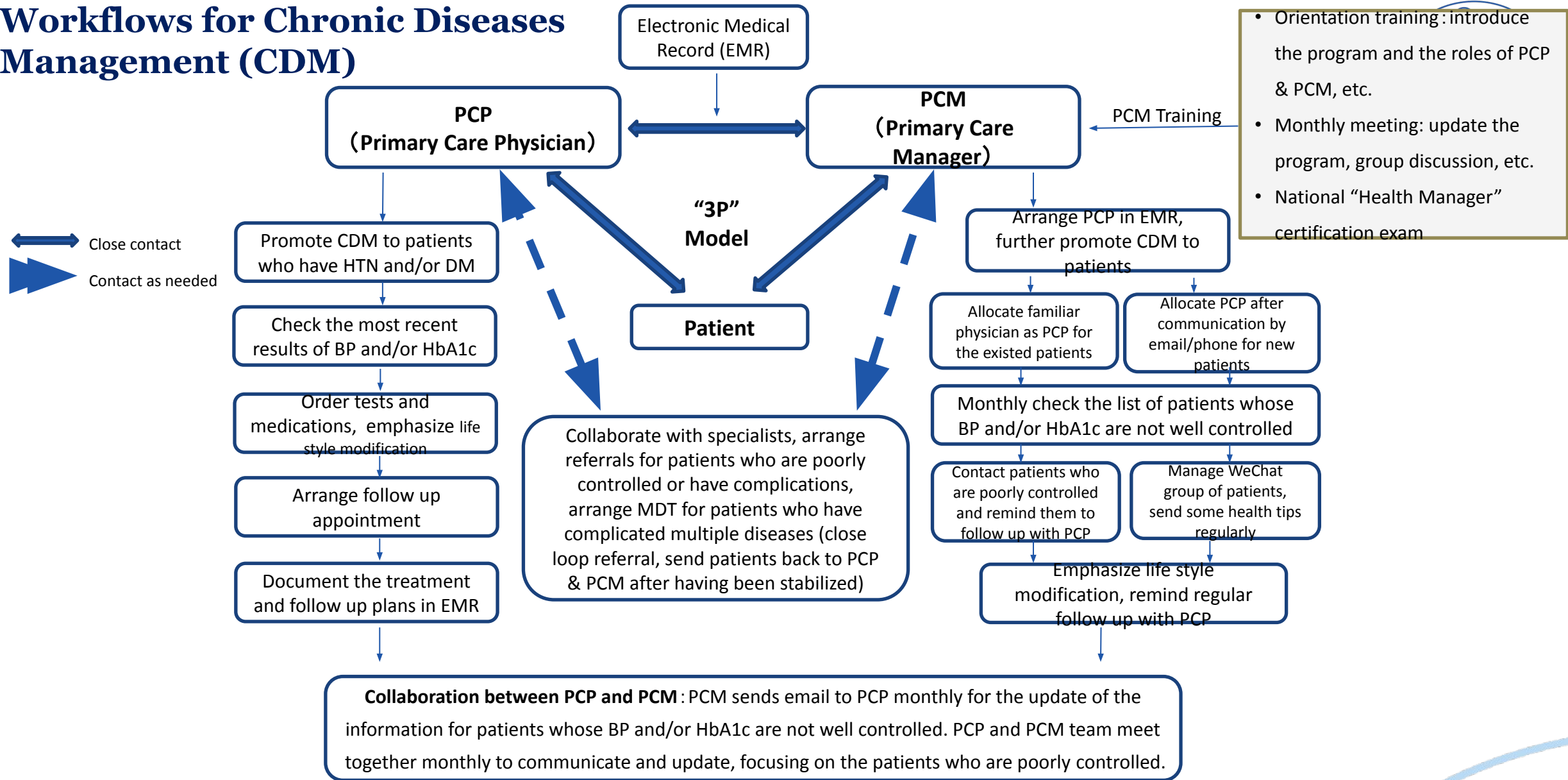
第七章 强化覆盖全民的公共卫生服务

第一节 防治重大疾病

实施慢性病综合防控战略，加强国家慢性病综合防控示范区建设。强化慢性病筛查和早期发现，针对高发地区重点癌症开展早诊早治工作，推动癌症、脑卒中、冠心病等慢性病的机会性筛查。基本实现高血压、糖尿病患者管理干预全覆盖。逐步将符合条件的癌症、脑卒中等重大慢性病早诊早治适宜技术纳入诊疗常规。加强学生近视、肥胖等常见病防治。到2030年，实现全人群、全生命周期的慢性病健康管理，总体癌症5年生存率提高15%。加强口腔卫生，12岁儿童患龋率控制在25%以内。

“健康中国2030”规划纲要，
http://www.gov.cn/zhengce/2016-10/25/content_5124174.htm

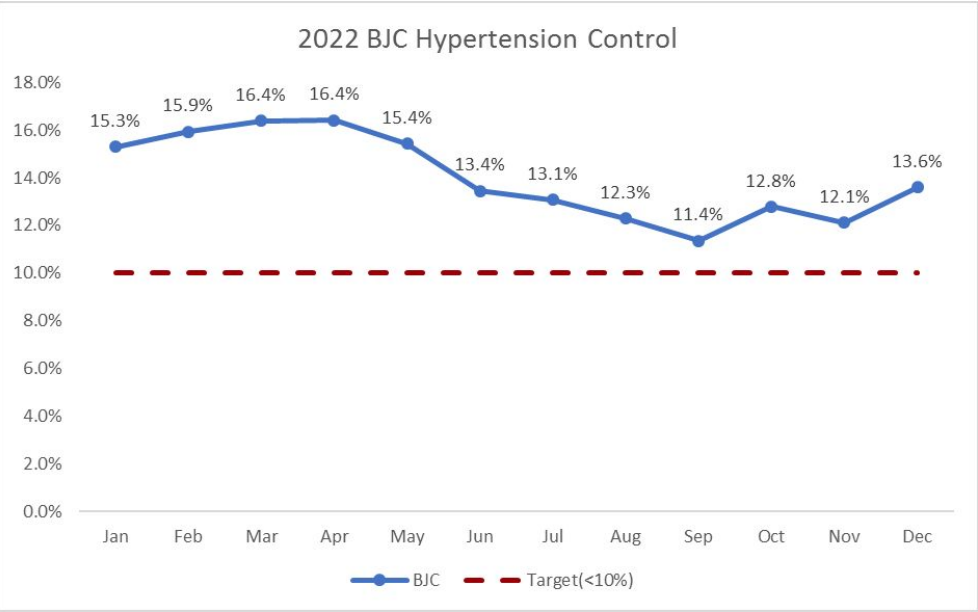
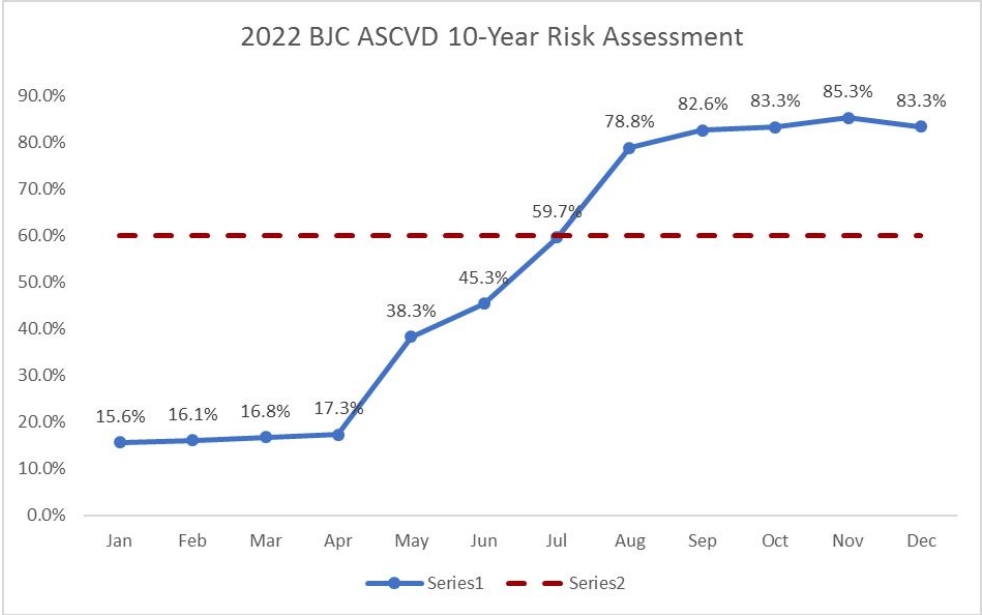
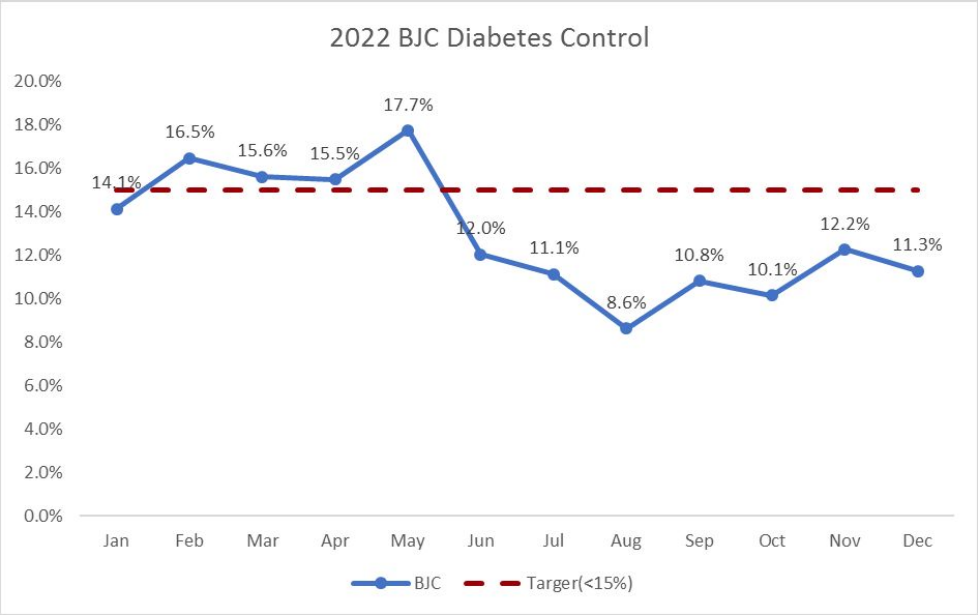
Workflows for Chronic Diseases Management (CDM)



BJC Managed Care QI



和睦家医疗
United Family Healthcare



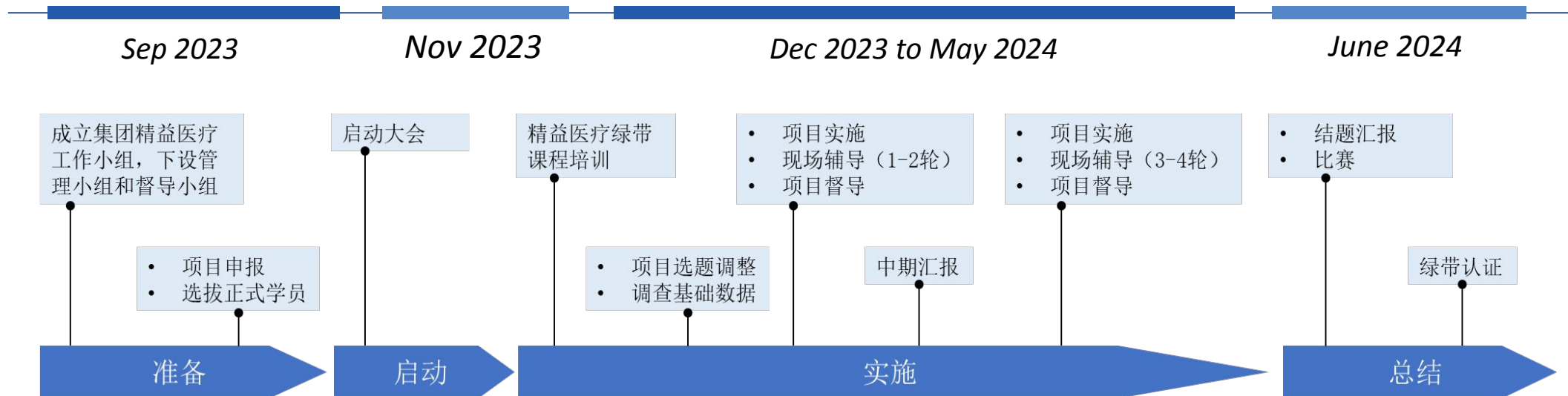
In 2023, UFH completed 36 strategic quality initiatives

March 2024 UFH hosted its first Quality Improvement Competition

出场顺序	Facility	Presentor	Quality strategic initiative domain	Project Name
1	SZU	Iris Huang	consumer experience	Continuous Improvement Program 日常持续改进计划
2	BJM	周欢	Speak up culture	Nursig Speak up culture improvement project
3	GZU	Seven Cai	clinical effectiveness	遵循临床路径及指南
4	GZU	Sandra Bai	consumer experience	将客户的声音融入每一步医疗护理步骤中
5	SHM	Kong Xianglu	patient safety	提高医生交接班完成 质量
6	PXU	Peggy Lu	clinical effectiveness	提高慢病管理的效果
7	PDU	Kelvin Ying	consumer experience	提升内镜/ENT/骨科的NPS
8	BJR	Li Yali	Clinical effectiveness	精麻药管理
9	GZU	Seven Cai	patient safety	内外部临床交接班
10	BJU	Francis Yau	patient safety	Rapid Incidence Response Program



- Green Belt Training (40 hours of classes, 30 trainees)
- Project coaching and certification (11 projects over 6 months)



11 6sigma projects

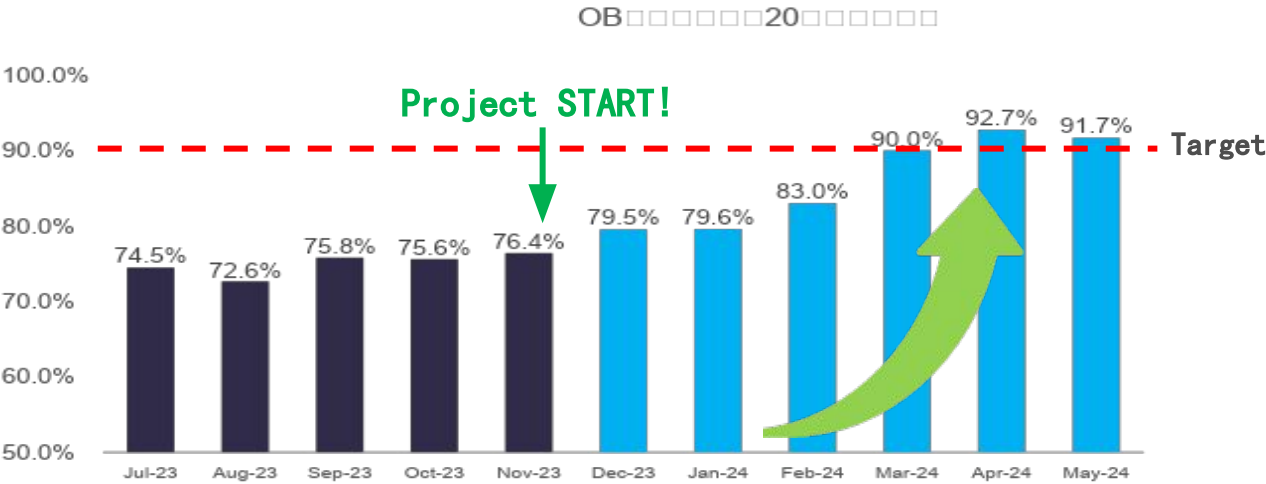
	项目名称	项目负责人	项目范围
1	降低SZU血标本不合格率	刘秀青	SZU
2	降低BJU手术室医疗耗材库存周转天数	周佳	BJU
3	优化择期手术排期	李之琛	GZU
4	降低妇产科门诊20分钟内等候占比	李淑媛	SZU
5	减少无菌手术器械无效清洗发生频次	韩丹	BJM
6	优化核磁检查流程	孙燕英	BJM
7	缩短内科门诊高峰期看诊患者等待时间	吴佳瑜	SHM
8	提升住院病历的甲级病历率	张晓丹	UFH
9	优化患者出院流程	杨婧	BJU
10	优化自带药流程	叶青	BJR
11	提高儿科生病高峰季急诊至住院收治速度	杨听雨	DTU



82% Pass

9 project leader got formal 6-sigma certification

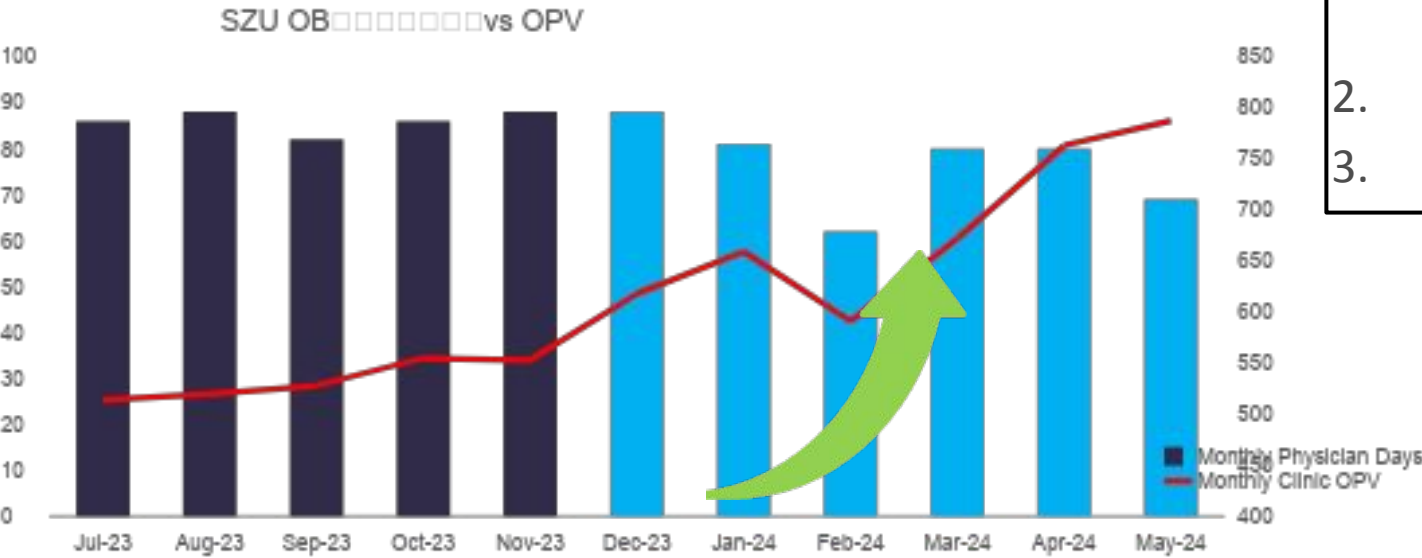




Reducing Obstetric Outpatient Clinic Waiting time

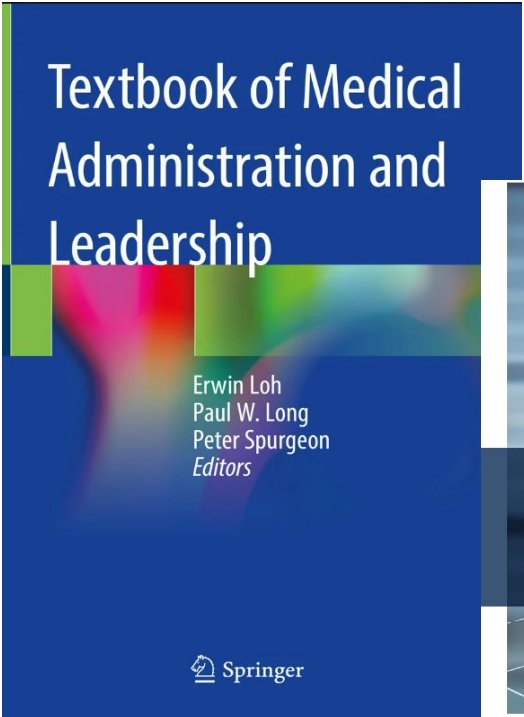
Result

1. Waiting time < 20 min **91.7%**, **target achieved 3 months in a row!**
2. Increase in OP volume by 42%!
3. No increase in staffing



Medical Leadership Development Program

- 医疗管理和领导力 – 一门专业学科;
- UFH的快速发展 – 医疗管理者的能力需要不断提高。



Specialist Medical Administrators have broad-based training and expertise in health service leadership and management. Their training and expertise are applied across a diverse range of settings including government, the pharmaceutical industry, medical device industry, information technology, primary health, and community-based health.

The Specialist Medical Administrator may perform a range of roles including medical professional, or medical academic, development, performance management, operational optimisation, clinical governance, clinical risk, regulatory compliance, medical advisor, medical informatician, medical educator, and medico-legal advisor.

RACMA
ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

Specialist Medical Administrator, policy advisor, enabler of leadership, policy management and leadership, policy advisor, medical informatician, medical educator, and medico-legal advisor.

Medical Management 医疗管理 (第1阶段)

- Competency of Health Care Manager
- Scope of Practice of Health Care Manager
- 医院战略及运营管理
- 医院绩效和成本管理
- 医院依法执业问题与处理
- 18项核心制度执行与挑战

Medical Management 医疗管理 (第2阶段)

- 医院流程管理
- 质量指标管理
- 质量管理与持续改进
- 数据驱动医院管理
- 智慧医院管理
- 医疗服务及补救

Leadership 领导力(第3阶段)

- Effective Communication
- Feedback giving and Delegation
- Influencing w/o Authority
- Motivation and Coaching

Mentorship: Pair with Senior Leaders
导师制指导

* Reference: Royal Australian College of Medical Administrators <https://racma.edu.au/training/leadership-for-clinicians-2023/>

Highlights





Consistency



Persistence



Resiliency

成功的三要素：

- 一、坚持。
- 二、不要脸。
- 三、坚持不要脸



Thank you for listening.

Let us have a conversation!