GAP ANALYSIS AND IMPLEMENTATION OF BEST PRACTICES IN INTENSIVE CARE UNIT

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BACKGROUND

- Gap analysis is the initial step in the review of the available service delivery system.
- It is an efficient base to implement a modern management system. It can be measured against pre set standards (Standard Operating Procedures).
- It reveals the areas of improvement in the existing service system.
- Care of the critically ill patients is resource-intensive, and 15-20% of hospital budgets are spent in the ICUs.

- The study will help to identify the gaps between the SOP’s and the current existing practices and to increase the overall efficiency and quality of care in ICU by bridging gaps of operational and clinical process in ICU.

PROBLEM STATEMENT

- The ICU of AHI has inefficiency in terms of processes like inventory management, laundry and linen, housekeeping, infection control practices, patient care and quality control measures.

RESEARCH QUESTIONS

- What are the standard operating procedures (SOPs) in ICU of AHI?
- What is the compliance of ICU with standard operating procedures (SOPs)?
- What are the gaps between SOPs and current existing practices in ICU?
- What can be the corrective actions and best practices to increase the efficiency of ICU?

OBJECTIVES

- To review the standard operating procedures in ICU of AHI in terms of inventories, laundry and linen, training and HR, housekeeping and quality control.
- To design a checklist for checking compliance of ICU with standard operating procedures.
- To identify gaps between standard operating procedures (SOPs) and current existing practices in ICU.
- To give corrective actions and implement best practices in ICU to increase its efficiency.

METHODOLOGY

- **Study Design –** Descriptive and observational study
- **Setting –**ICU-1 (3rd Floor) & ICU-2 (2nd Floor) of Asian Heart Institute and Research Centre, BKC, Mumbai.
- **Duration of Study –** 2.5 months
- **Study Population** – Doctors, nursing and housekeeping staff of ICU-1 (3rd Floor) & ICU-2 (2nd Floor).

Data Collection Procedure –

- This is a observational study.
- Onsite Data Collection
- Interview key stakeholders like nurses, ward boys, patients admitted in ICU and RMO'S.
- Observe and review existing processes and policies.
- Prepared a checklist based on their SOP's and literature review and identified, monitored activities based on checklist.
- Process Analysis
- Identify key trends, triggers, potential and known gaps.
- Action plans developed for identified gaps.
- Gap Analysis Presentation
- Executive Summary

- **Data Analysis Procedure –**
- Excel data sheet : a data sheet will be prepared everyday for checking compliance to the SOP’s.
- Trend analysis weekly monitored and CAPA done for the same.
- Data analysis mehod: MS Excel

RESULTS

- Data was calculated for a period of 60 Days where the Observations were categorized into 3 specialized parts as:
- Infection control
- Operational
- Clinical

CHECKLIST COMPLIANCE	NO. OF OBSERVED CASES	TOTAL DAYS
Infection control	62	60
Clinical	133	60
Operational	254	60

From table 11.1 it is clear that maximum number of cases were observed in the operational processes.

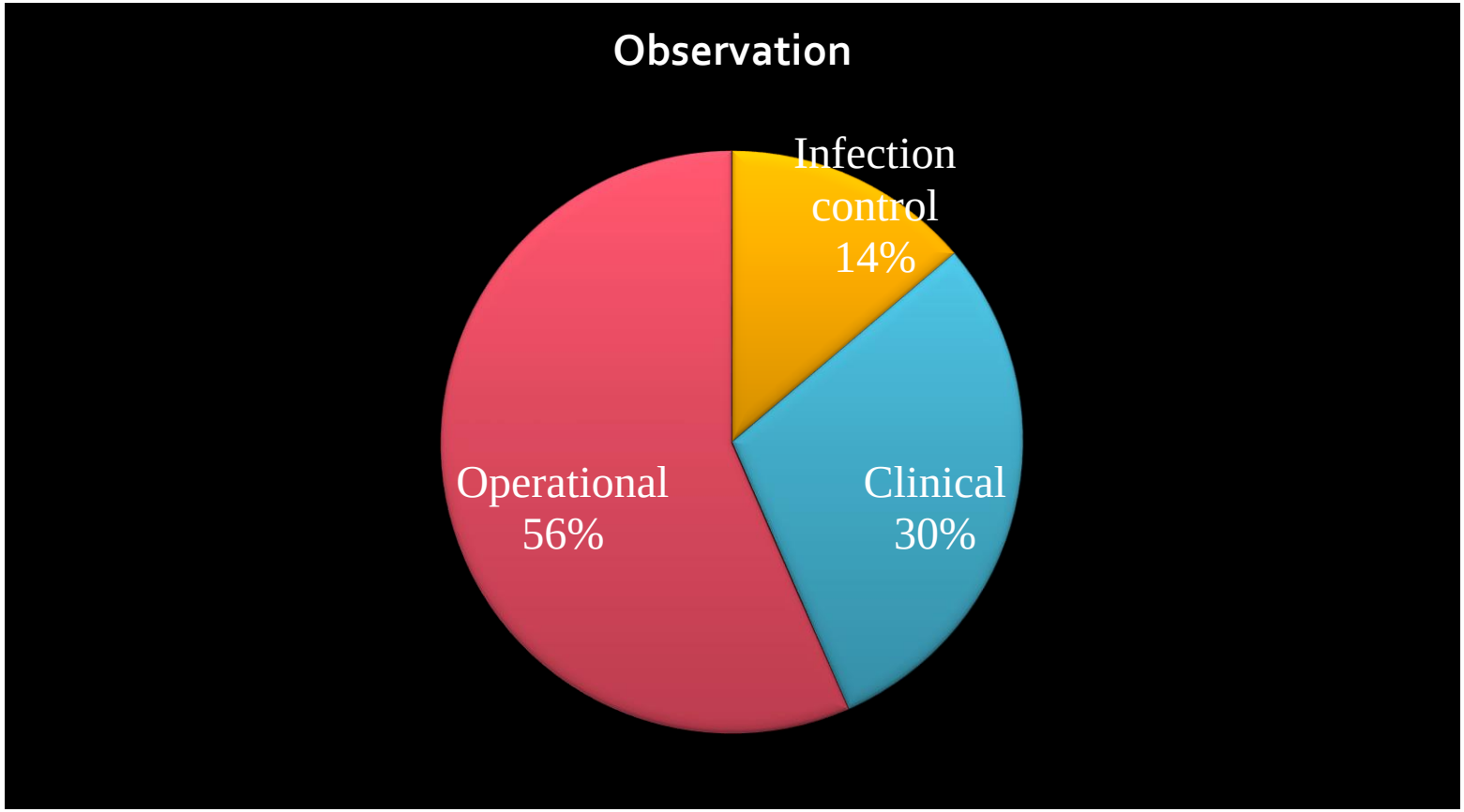


Table 11.2 Number of cases (non- compliance) observed in infection control practices

Infection Control	
Adherence to bundles (not there)	35
Isolation Protocol	4
Needle Prick Injury	0
Proper disposal of sharps	2
Housekeeping department disinfection and cleaning not proper	10
BMW Segregation inadequate	11
Spill Management	0

From table 11.2 and figure 11.2 it is evident that adherence to bundle care was not up to mark in the ICU. BMW Segregation and housekeeping management practices were also lacking behind.

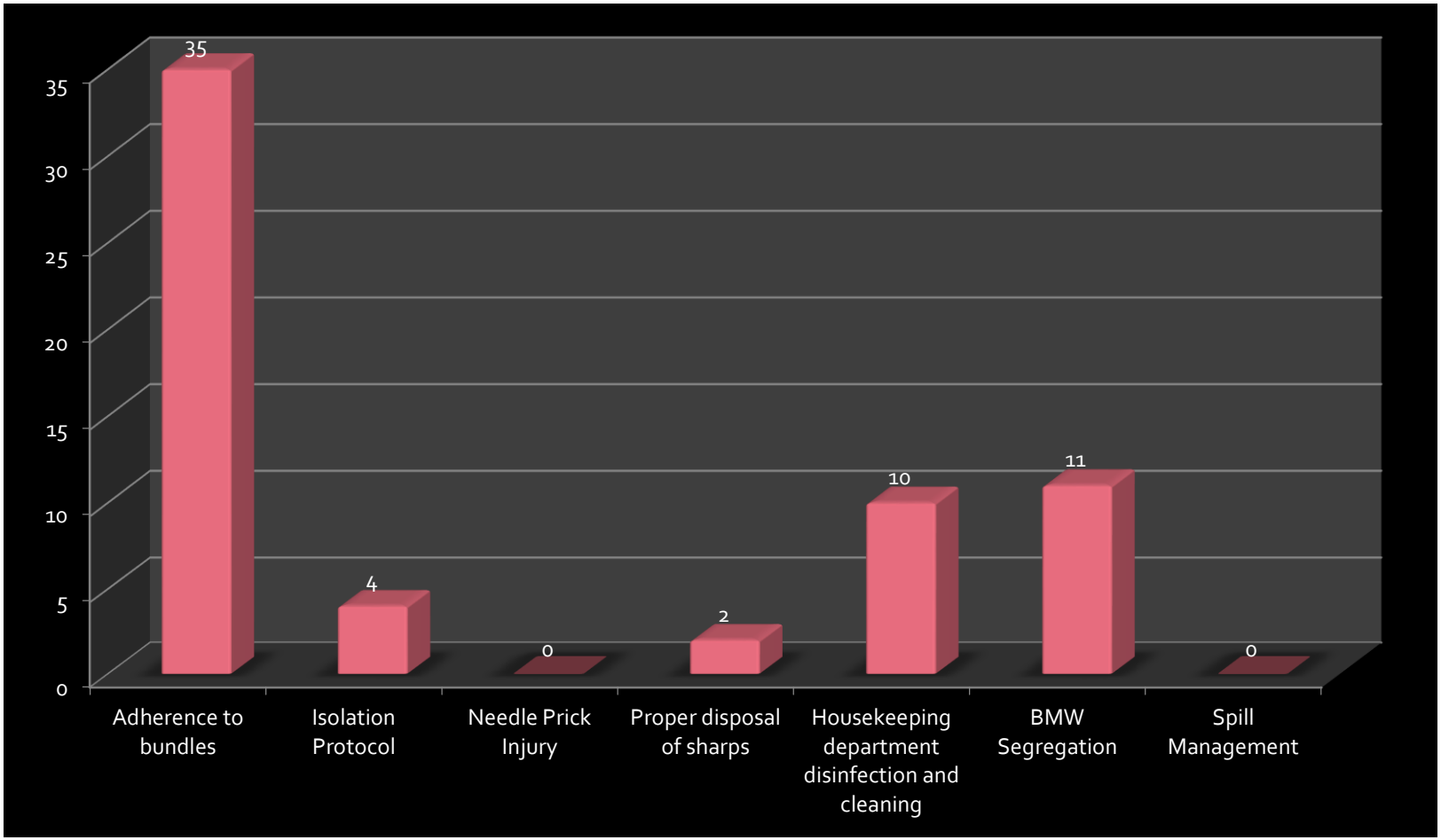


Table 11.4 Number of cases (non- compliance) observed in clinical process

CLINICAL	
Spirometry not done	19
Transfer/ Discharge summary not prepared	10
Counseling of relatives not done	5
Antibiotic form not filled	3
Continuous 3 hrs hemodynamic monitoring not done	32
Documentation error	17
late indentation of medicines	4
Not tracking quality indicators	5
Patient care not given	38

From table 11.3 and figure 11.3 it is evident that patient care management was notproper and continuous hemodynamic monitoring was not taking place which is again a part of patient critical care regime.

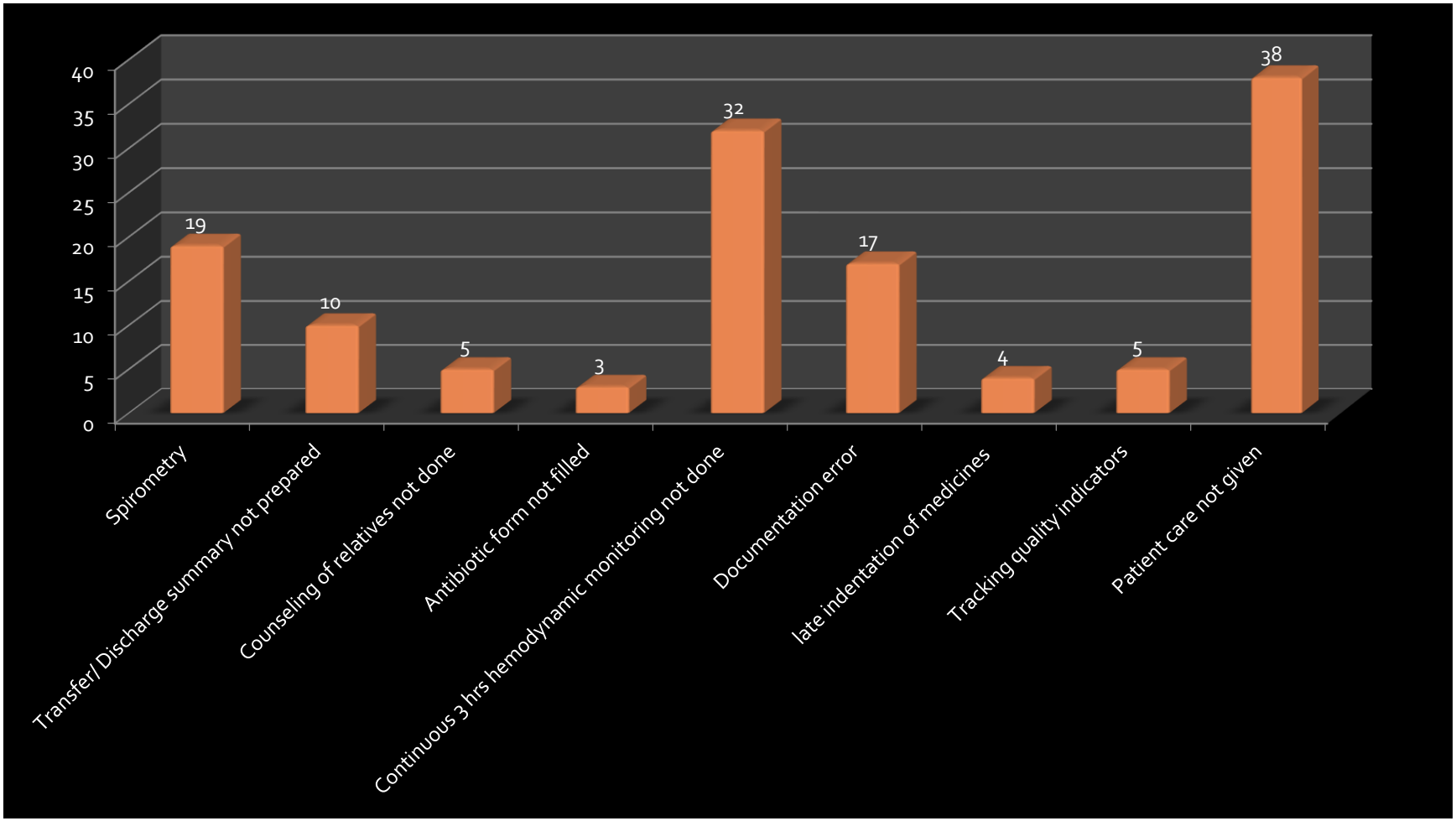
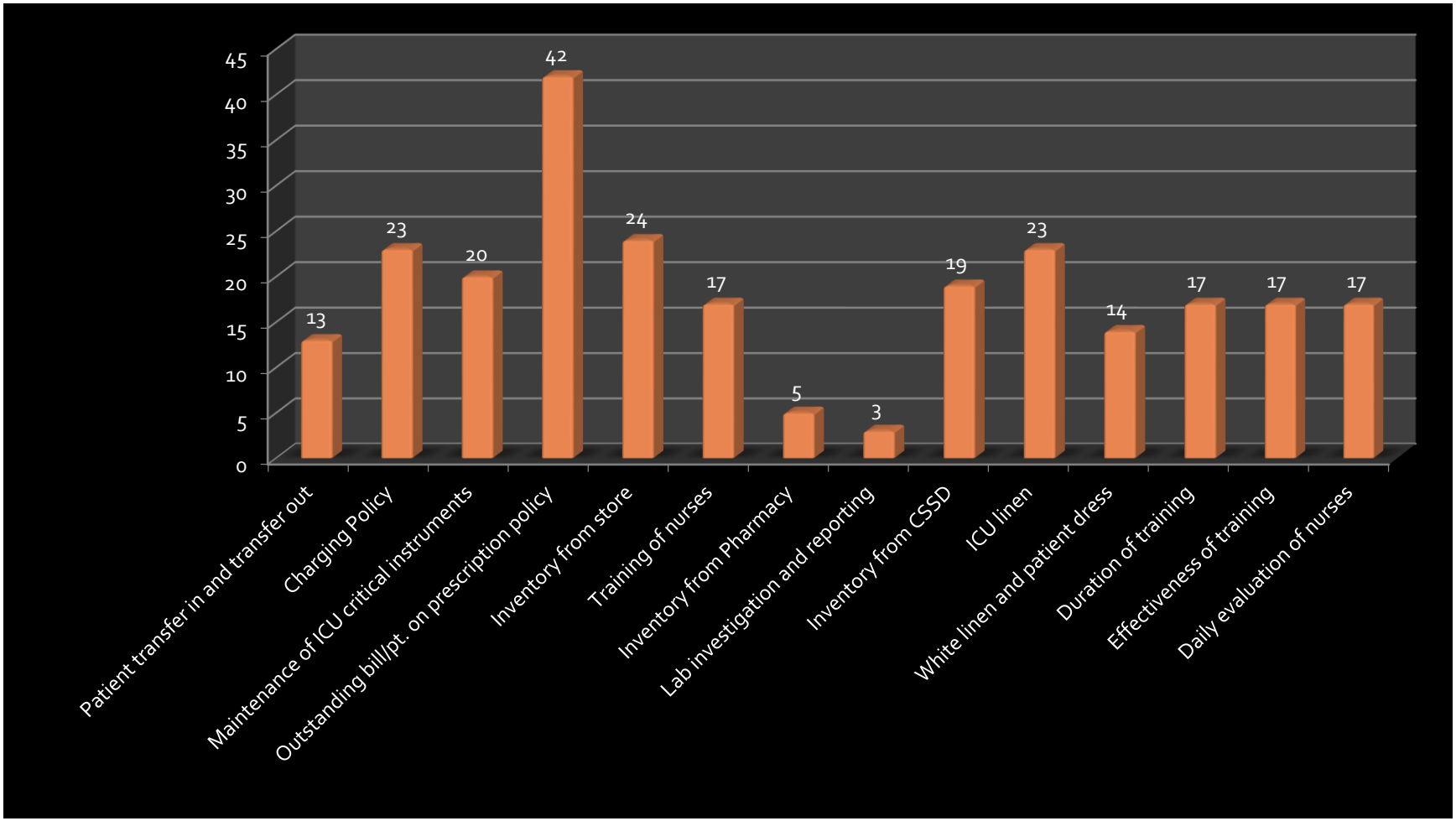


Table 11.4 Number of cases (non- compliance) observed in operational processes

OPERATIONAL	
Patient transfer in and transfer out issues	13
Charging Policy not followed	23
Maintenance of ICU critical instruments not proper	20
Outstanding bill/pt. on prescription policy	42
Inventory from store issues	24
Training of nurses not done	17
Inventory from Pharmacy issues	5

Lab investigation and reporting wrong	**3**
Inventory from CSSD issues	**19**
ICU linen issues	**23**
White linen and patient dress not available	**14**
Duration of training not proper	**17**
Effectiveness of training not there	**17**
Daily evaluation of nurses not done	**17**

From table and figure 11.4 it is evident that the issue of outstanding bill was of major concern followed by non charging of ICU consumables and training and evaluation of nurses.



CONCLUSION:

- After these observational findings the gaps between ideal (Standard Operating Procedures) and current practices were identified and according to the non compliances observed, best practices around the world were identified for Asian Heart Institute, Mumbai and implementation plans were given for the same.

RECOMMENDATIONS

Implementation plan for training and development

- Impart training based on the identified needs. (Prioritize).
- In the absence of any certification, nurses working in the ICU would have daily and weekly assessment of competency by the nursing director with provision for feedback.
- ICU staff training programs will cover issues such as compliance and clinical competency and would also focus on infection control practices, customer service and patient-centered care.

Implementation plan for Clinical Gaps

- A general orientation to the ICU should be there for a week for new doctors so they understand and have a thorough knowledge of the SOP's of the ICU as well as the quality procedures. Mandatory monitoring of the same should be done.
- Transfer summary of the patient should be prepared by the concerned doctor a night before the morning shift out of patient thus helping in smooth discharge of the patient from the ward.


Thank
you