INTERNATIONAL PATIENT SAFETY GOALS AMONG THE STAFF IN THE HOSPITAL

PRESENTED BY:
DR. PRIYANKA
HM-21
ROLL NO- 0473

CONTENT

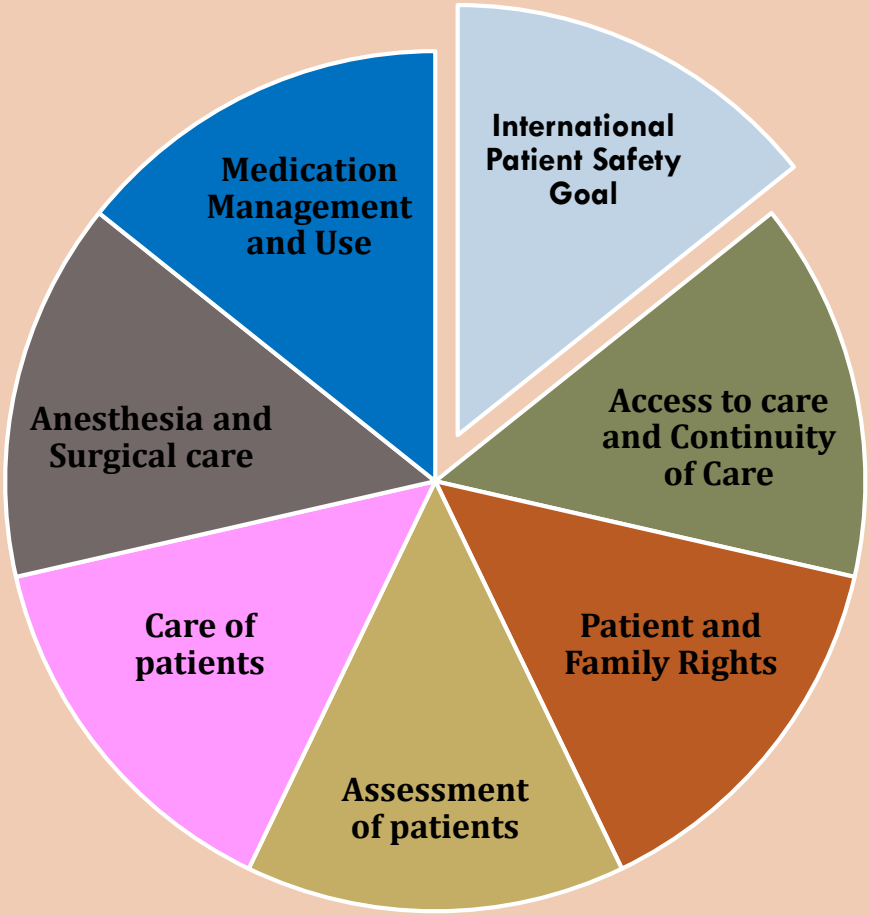
- INTRODUCTION
- OBJECTIVE
- METHODOLOGY
- DATA COLLECTION
- RESULTS
- RECOMMENDATIONS
- CONCLUSION
- REFERENCES

INTRODUCTION

- An approach for managing quality of an organization and a hospital context is through the implementation of accreditation, which involves the assessment of work and organizational practices against predefined standards, conducted by multidisciplinary clinical and support service teams.

- Joint Commission International (JCI) is an international body issuing healthcare standards following the principles of Total Quality Management to improve quality and patient safety.

Patient centered standards



MAX HEALTHCARE
Care for life

INTERNATIONAL PATIENT SAFETY GOALS (IPSG): 2017-18

Let us ensure 100% Compliance to Safe Processes and Target 'Zero Incidents'

IPSG 1

Identify Patients Correctly:

- Patients are identified using "two" patient identifiers
- Patients are identified before:
  - o Performing diagnostic procedures
  - o Providing treatments and other procedures.
- Patient identification of comatosed patients and newborns

IPSG 2

Improve Effective Communication:

- Verbal/ Telephonic Orders: Read Back, Confirm and Record
- Critical Results of diagnostic tests – Define critical values, Report & Document
- Handover Communication for both "doctors & nurses" during shift handovers and patient transfers

IPSG 3

Improve the Safety of High-Alert Medications:

- High Alert Medications
- Look Alike Sound Alike medications
- Concentrated electrolytes – Identification, labeling, storage and proper use (Prevent inadvertent administration)

IPSG 4

Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery:

- Site Marking to be done by the person performing the procedure (with involvement of Patient)
- Time Out (OT & invasive Procedures) by full surgical team
- WHO Surgical Safety Check list
- Use of "Procedure Safety Checklist" for medical & dental procedures (performed outside OT)

IPSG 5

Reduce the Risk of Health Care Associated Infections

- Compliance to hand hygiene guidelines
- Evidence-based practices to prevent HAI's
- Follow VAP, Central Line & Catheter Care Bundles.
- Compliance to Antibiotic Policy

IPSG 6

Reduce the Risk of Patient Harm Resulting from Falls

- Fall Risk Assessment (All Inpatient, Outpatient, Adult & Pediatric)
- Screening outpatients for falls
- Initial, ongoing & reassessments of patients identified at risk of falls
- Implementation & monitoring of fall risk reduction measures

OBJECTIVE

- To check the compliance level of international patient safety goals by the Doctors and Nurses in five departments of Max Hospital

- To identify the gaps and issues in all processes and procedures that corresponds to JCI standards for IPSG (International Patient Safety Goals) chapter

METHODOLOGY

- **Study Design**: Descriptive Study
- **Setting:** Max Hospital, Shalimar Bagh, New Delhi.
- **Sample Technique:** Convenience Sampling
- **Study Population:**
  - Doctors
  - Nurses
  - **Sample size:** 100 (50 doctors and 50 nurses)
- **Period of Study:** Feb 01, 2018to May 04, 2018
- **Study Tool:**
  - Self-administered questionnaire based on IPSG
  - Checklist

DATA COLLECTION

- Emergency department
- Radiology department
- ICU
- Labor room
- Wards

- The observations were noted in checklists and compared with the existing policies for the same

Tool for Nurse Interview Points

Instruction to Auditors:
Please give scores based on the below mentioned:
- 10 for Full Compliance
- 5 for Partial Compliance
- 0 for Non Compliance
Please enter the Score in the Score Column only
For Areas/ Questions not applicable to a particular area; Write NA for Not Applicable.

For example

IPSG	Nurse Interview Points	Policy	Score	Remarks
IPSG 1	How many identifiers do you use to identify patients and what are they?	Patient Identification		
IPSG 1	When all will you identify patients	Patient Identification		
IPSG 1	What do you do if the patient is CONFUSED/ UNCONSCIOUS/ COMATOSED or has LANGUAGE PROBLEMS	Patient Identification		

Tool for Doctors Interview

Instruction to Auditors:
Please give scores based on the below mentioned:
- 10 for Full Compliance
- 5 for Partial Compliance
- 0 for Non Compliance
Please enter the Score in the Score Column only
For Areas/ Questions not applicable to a particular area; Write NA for Not Applicable.

For example

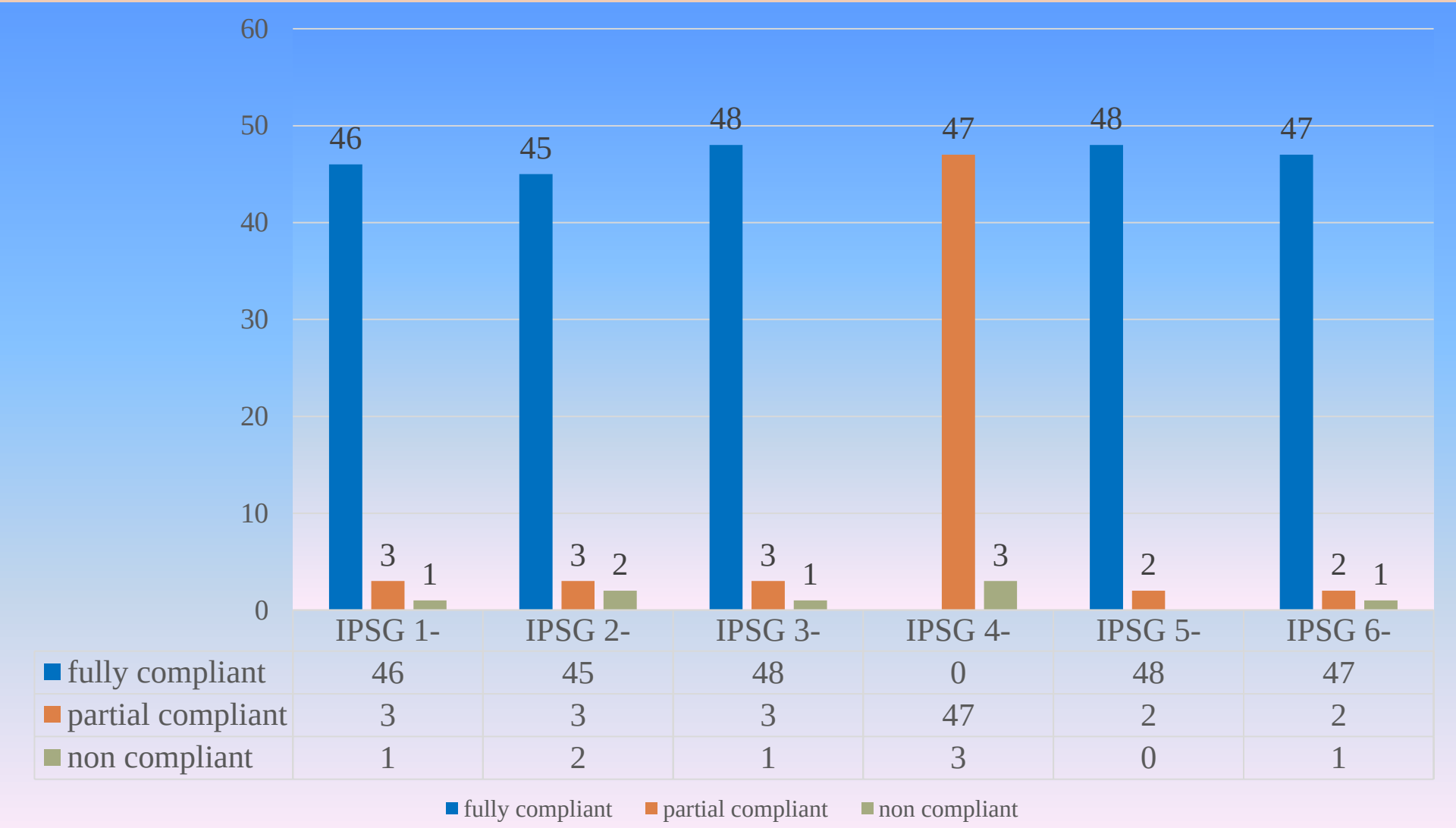
IPSG	Doctors Interview Points	Policy	Score	Remarks
IPSG 1	How many identifiers do you use to identify patients and what are they?	Patient Identification		
IPSG 1	When all will you identify patients	Patient Identification		
IPSG 1	What do you do if the patient is CONFUSED/ UNCONSCIOUS/ COMATOSED or has LANGUAGE PROBLEMS	Patient Identification		

RESULTS

1. ICU

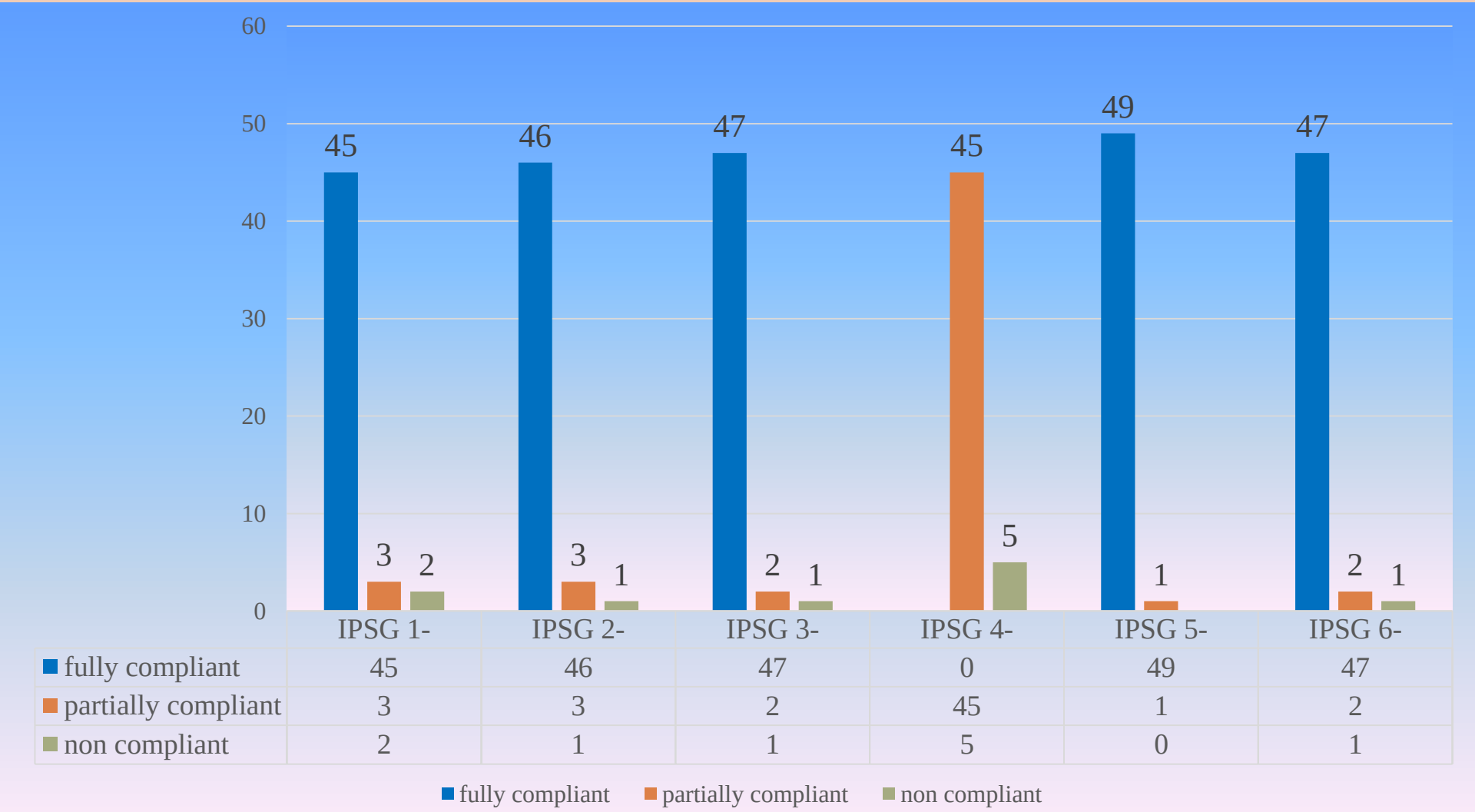
	Nurse (N-50) (percentage)	Doctors (N-50) (percentage)
IPSG 1-Identify patients correctly	92	90
IPSG 2-Improve effective communication	90	92
IPSG 3-Improve the safety of high alert medications	96	94
IPSG 4- Ensure correct site, correct procedure, correct patient surgery	NA	NA
IPSG 5-Reduce the risk of health care associated infections	96	98
IPSG 6-Reduce the risk of patient harm resulting from falls	94	94

Compliance of Nurses In ICU



	IPSG 1-	IPSG 2-	IPSG 3-	IPSG 4-	IPSG 5-	IPSG 6-
fully compliant	46	45	48	0	48	47
partial compliant	3	3	3	47	2	2
non compliant	1	2	1	3	0	1

Compliance of Doctors in ICU



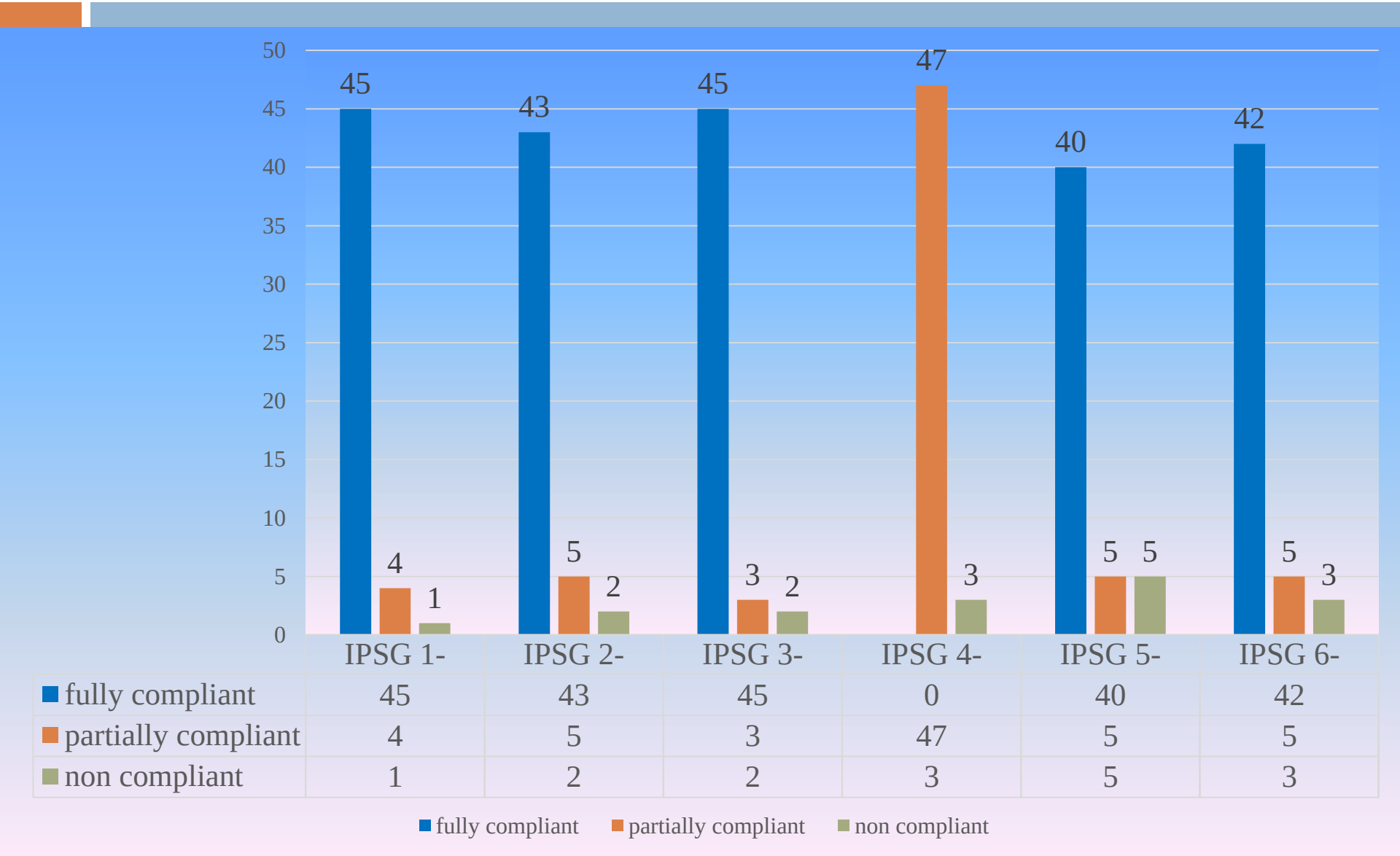
	IPSG 1-	IPSG 2-	IPSG 3-	IPSG 4-	IPSG 5-	IPSG 6-
fully compliant	45	46	47	0	49	47
partially compliant	3	3	2	45	1	2
non compliant	2	1	1	5	0	1

fully compliant partially compliant non compliant

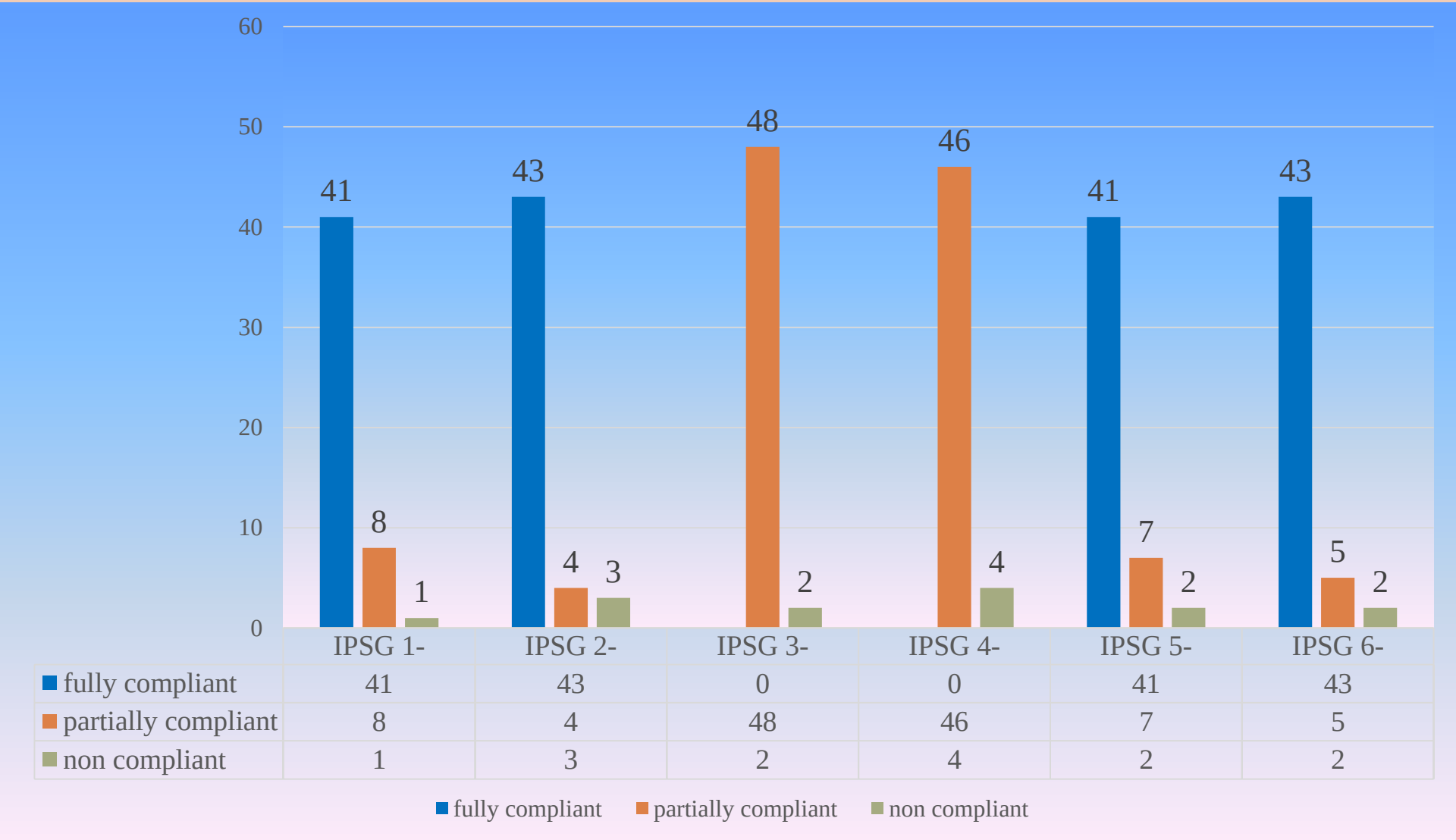
2 EMERGENCY DEPARTMENT

	Nurse	Doctors
IPSG 1-Identify patients correctly	90	90
IPSG 2-Improve effective communication	86	82
IPSG 3-Improve the safety of high alert medications	90	90
IPSG 4- Ensure correct site, correct procedure, correct patient surgery	NA	NA
IPSG 5-Reduce the risk of health care associated infections	80	82
IPSG 6-Reduce the risk of patient harm resulting from falls	84	80

Compliance of Nurses in Emergency Department



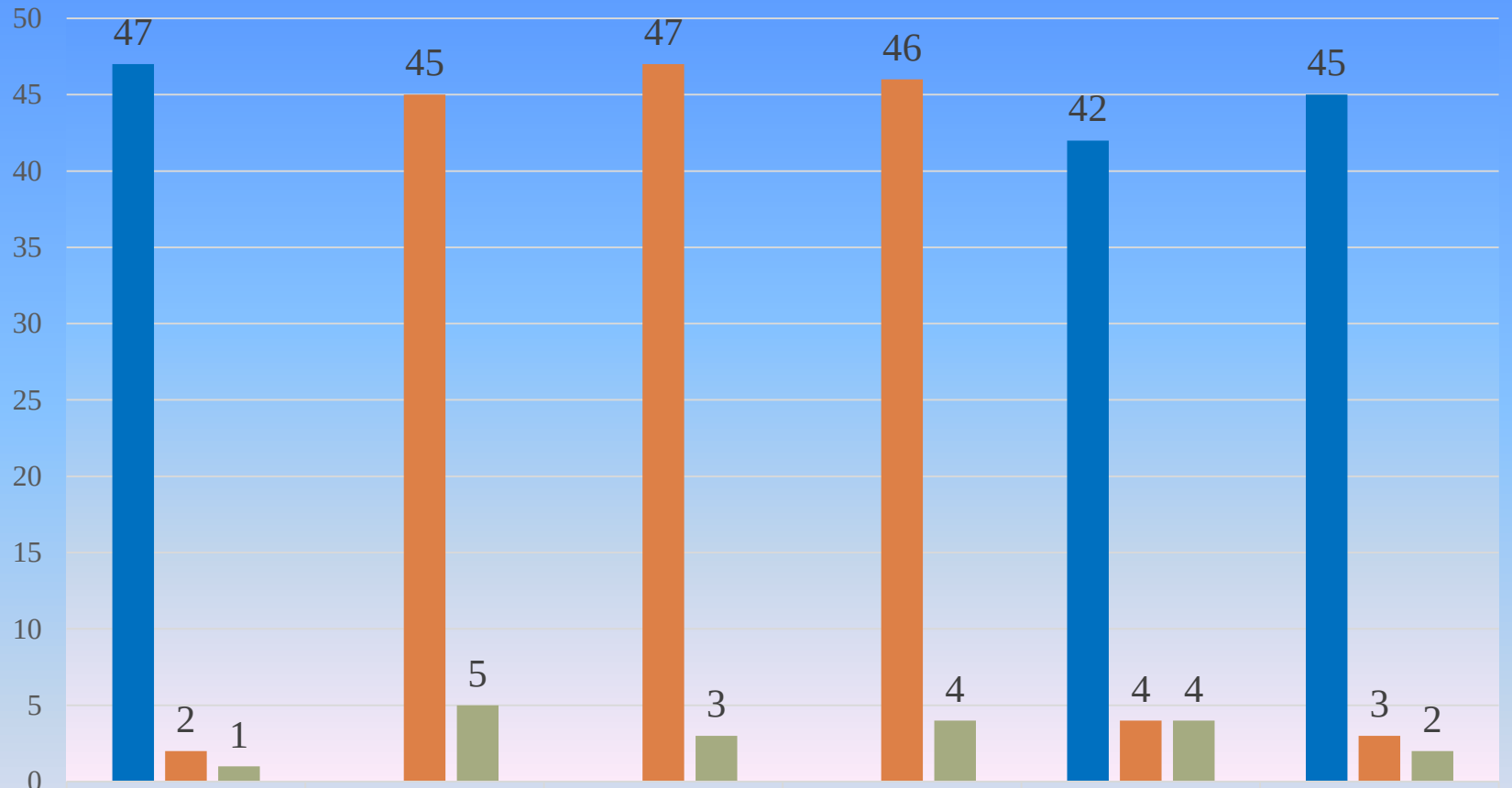
Compliance of Doctors in Emergency Department



3 RADIOLOGY DEPARTMENT

	Nurse	Doctors
IPSG 1-Identify patients correctly	94	82
IPSG 2-Improve effective communication	NA	86
IPSG 3-Improve the safety of high alert medications	NA	NA
IPSG 4- Ensure correct site, correct procedure, correct patient surgery	NA	NA
IPSG 5-Reduce the risk of health care associated infections	84	82
IPSG 6-Reduce the risk of patient harm resulting from falls	90	86

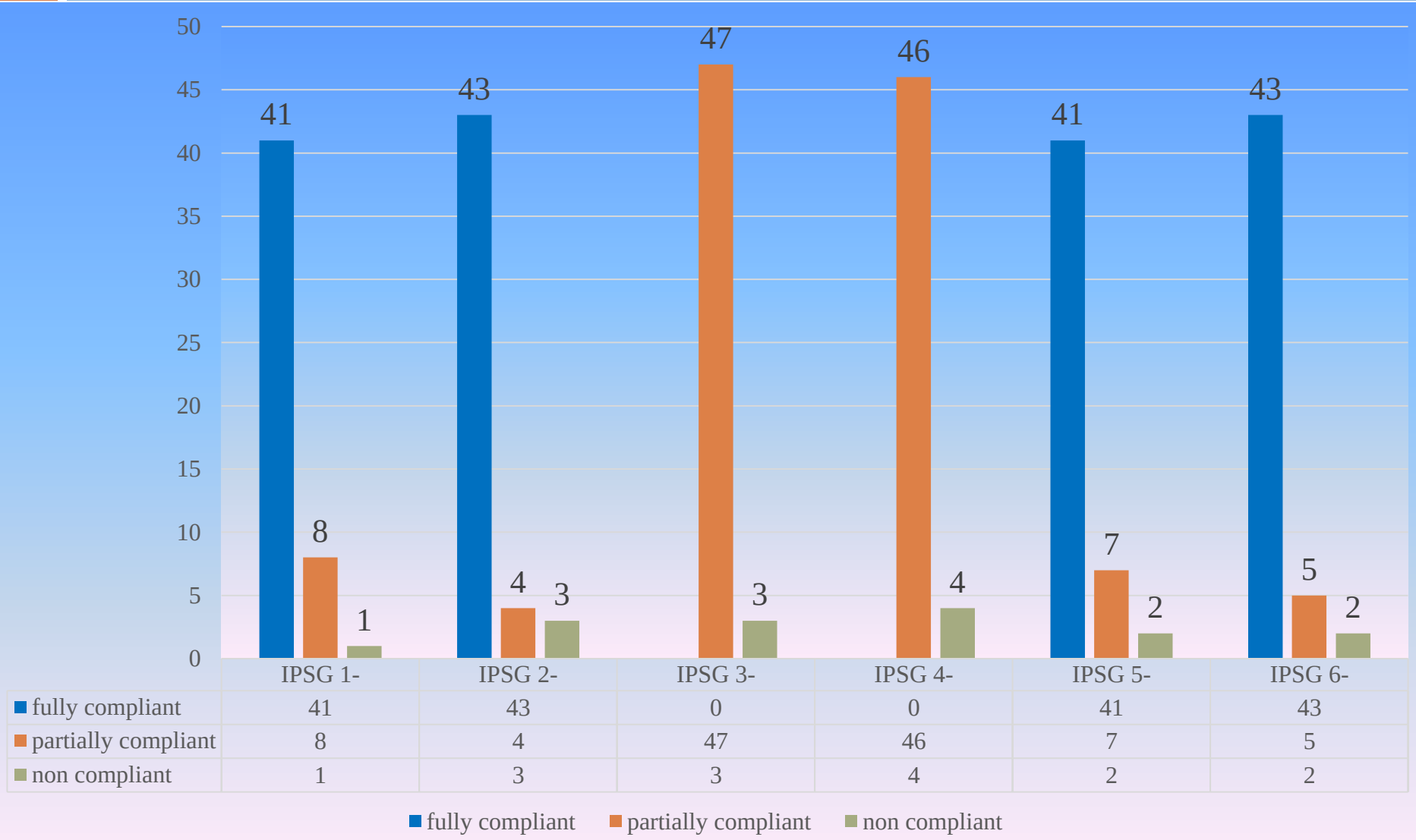
Compliance of Nurses in Radiology Department



	IPSG 1-	IPSG 2-	IPSG 3-	IPSG 4-	IPSG 5-	IPSG 6-
fully compliant	47	0	0	0	42	45
partially compliant	2	45	47	46	4	3
non compliant	1	5	3	4	4	2

fully compliant partially compliant non compliant

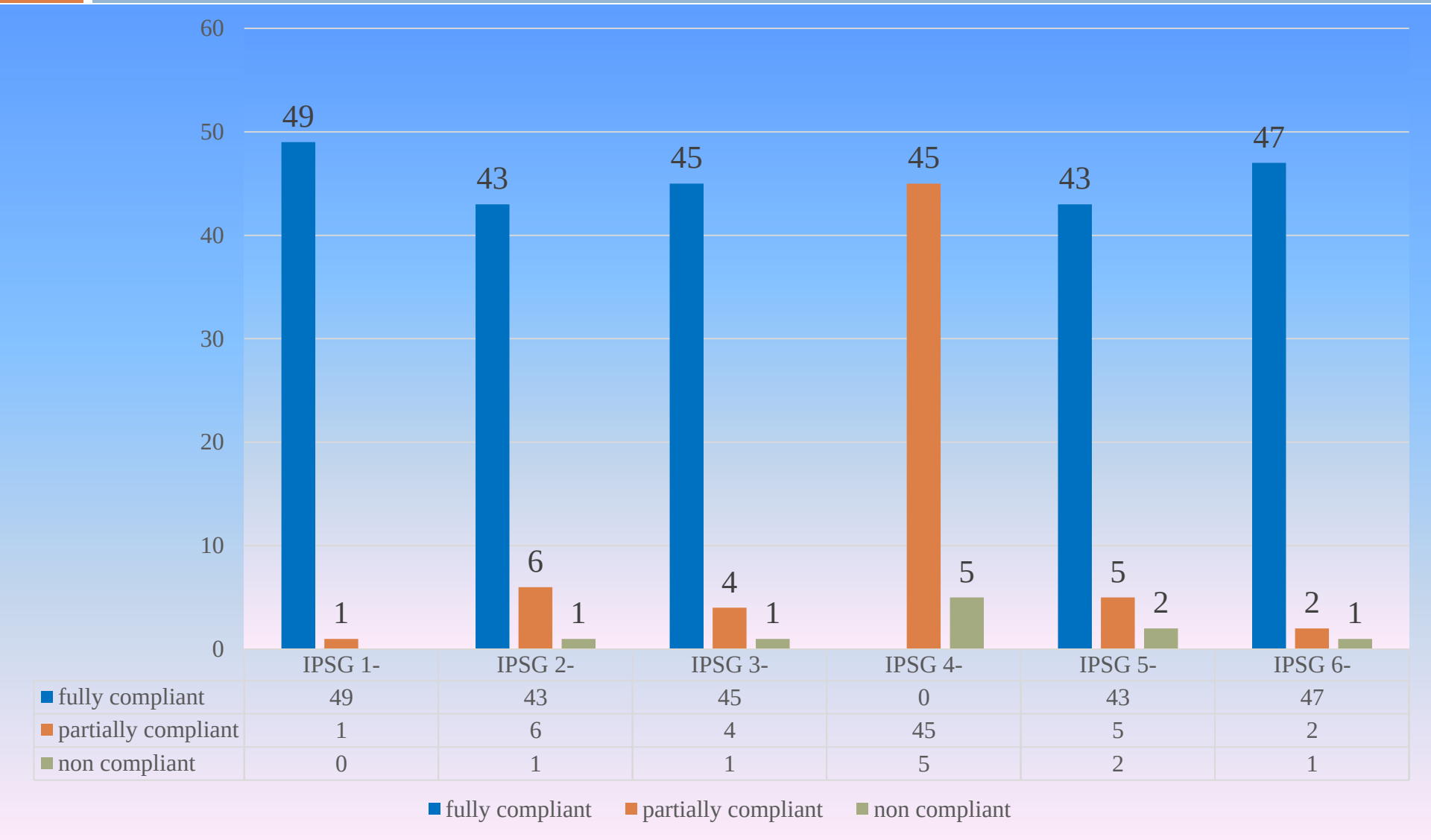
Compliance of Doctors in Radiology Department



4WARDS

	Nurse	Doctors
IPSG 1-Identify patients correctly	98	96
IPSG 2-Improve effective communication	86	84
IPSG 3-Improve the safety of high alert medications	90	82
IPSG 4- Ensure correct site, correct procedure, correct patient surgery	NA	92
IPSG 5-Reduce the risk of health care associated infections	86	84
IPSG 6-Reduce the risk of patient harm resulting from falls	94	92

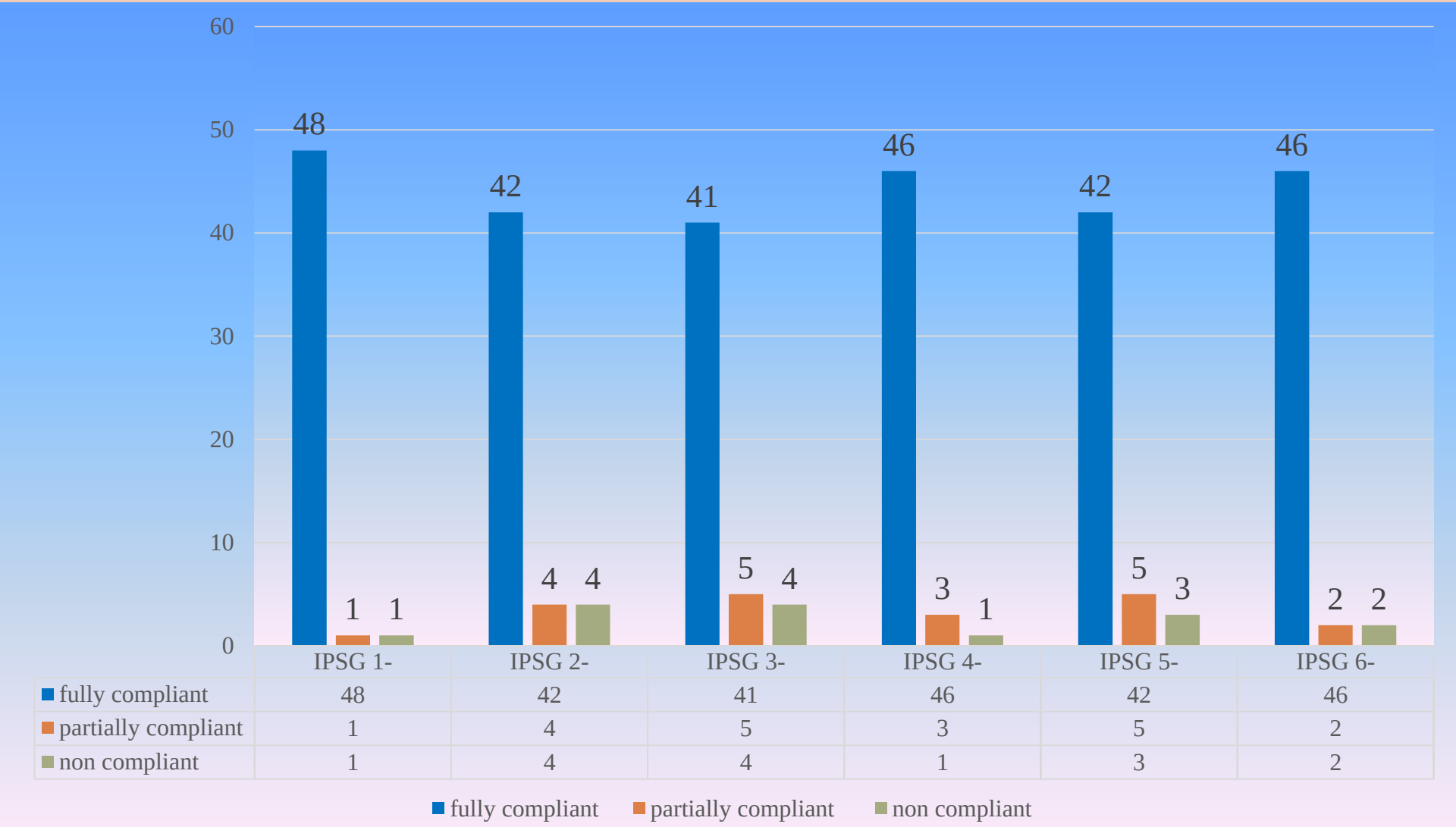
Compliance of Nurses in Wards



	IPSG 1-	IPSG 2-	IPSG 3-	IPSG 4-	IPSG 5-	IPSG 6-
fully compliant	49	43	45	0	43	47
partially compliant	1	6	4	45	5	2
non compliant	0	1	1	5	2	1

fully compliant partially compliant non compliant

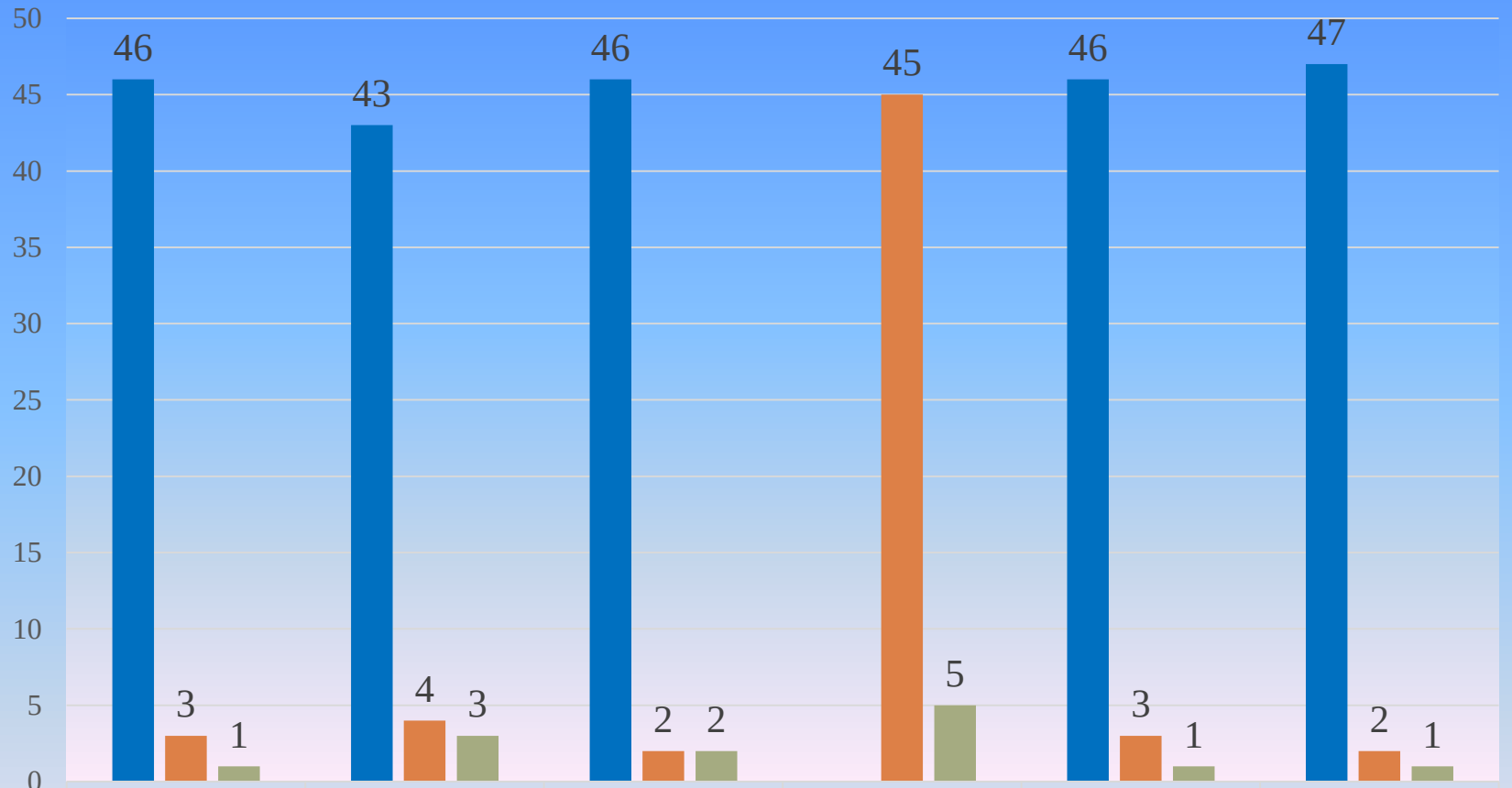
Compliance of Doctors in Wards



5LABOR ROOM

	Nurse	Doctors
IPSG 1-Identify patients correctly	92	90
IPSG 2-Improve effective communication	86	84
IPSG 3-Improve the safety of high alert medications	92	88
IPSG 4- Ensure correct site, correct procedure, correct patient surgery	NA	NA
IPSG 5-Reduce the risk of health care associated infections	92	90
IPSG 6-Reduce the risk of patient harm resulting from falls	94	96

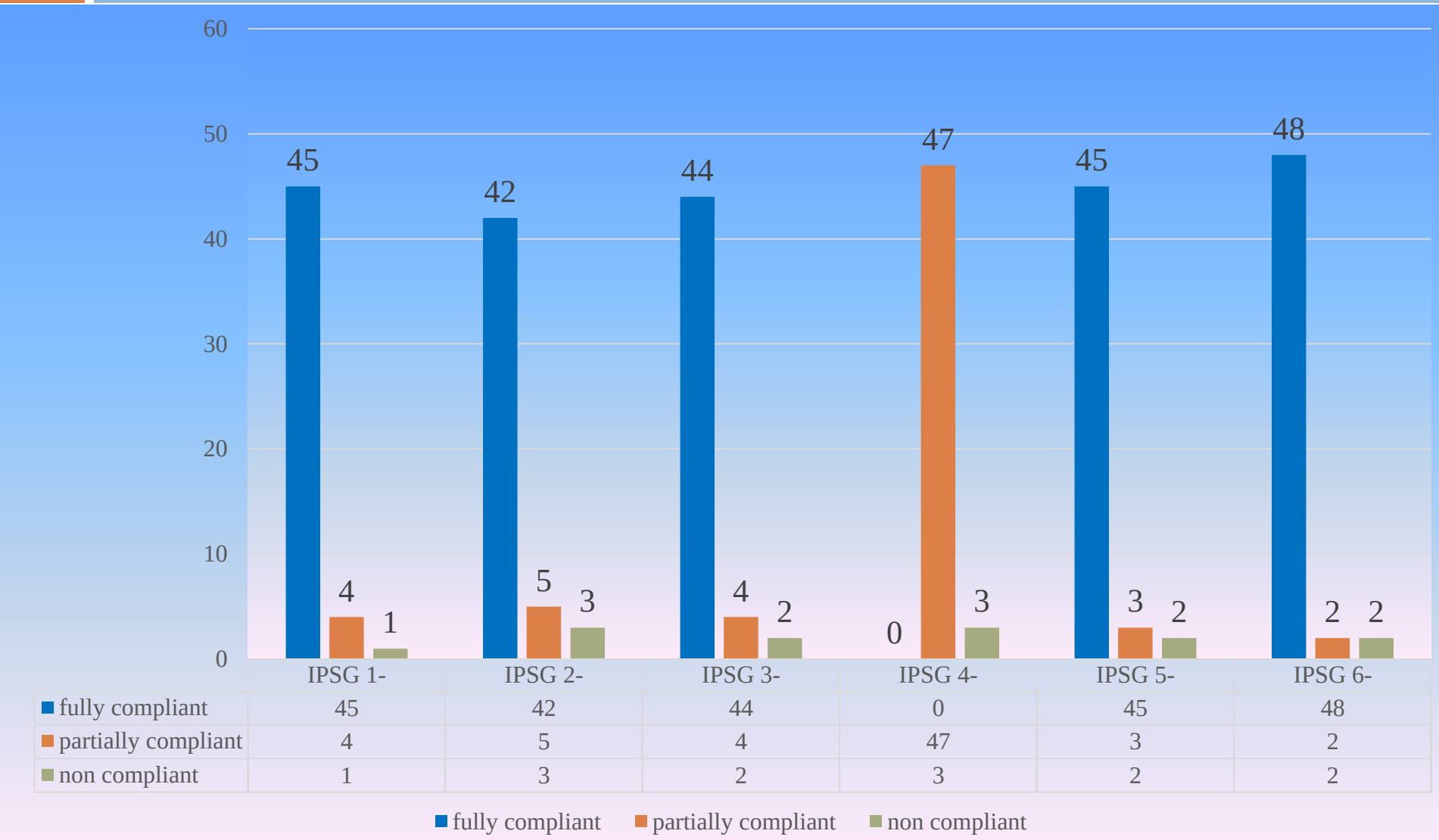
Compliance of Nurses in Labour Room



	IPSG 1-	IPSG 2-	IPSG 3-	IPSG 4-	IPSG 5-	IPSG 6-
fully compliant	46	43	46	0	46	47
partially compliant	3	4	2	45	3	2
non compliant	1	3	2	5	1	1

fully compliant partially compliant non compliant

Compliance of Doctors in Labour Room



GAP ANALYSIS

DEPARTMENTS	ICU	LABOUR ROOM	EMERGENCY	WARDS	RADIOLOGY
	IPSG 1 -Patient Date of Birth was not matching which was mentioned on Patient ID Band. **IPSG 2** -Counter signatures of consultant was not documented on verbal/ telephonic order. - Intra Hospital Transfer Form was not evident in patient medical record. -Doctors Handover documentation was not evident in Critical Care Areas. **IPSG 3** -Proper purple color labeling was not in used for narcotic infusion.	**IPSG 3** -Labeling on individual ampoules of concentrated electrolytes was not clearly evident	**IPSG 2** -No documentation of critical test results in a register in proper format. **IPSG 3** -Narcotics record register (witness sign and counter sign missing). -Overwriting in nursing side in Narcotic drug prescription. -Incomplete information about patient in narcotic drug form.	**IPSG 2:** - In Doctors Handover reason for delay in Surgery was not documented	**IPSG 5** -Hand Hygiene training required.

RECOMMENDATIONS

- Training of the staff regarding all the 6 International Patient Safety Goals should be done periodically.
- Focus to be done on the Hand over communication goal.
- Regular Audits to be conducted to assess the level of improvements.

CONCLUSION

An approach to managing quality of an organization and in a hospital context is through the implementation of accreditation, which involves the assessment of work and organizational practices against predefined standards, conducted by multidisciplinary clinical and support service teams. International Patient Safety Goals should be done periodically in the hospital for the quality improvement. It can be done with the regular audits by the inter disciplinary teams.

REFERENCES

- Joint Commission International Accreditation Standards for Hopsital, Fifth Edition, September 2013 2.
- Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards for hospitals, Second Edition, 2011
- Brennan TA, Leape LL, Laird NM, Hebert L, Localio AR, Lawthers AG, et al. Incidence of adverse events and negligence in hospitalized patients. Results of the Harvard Medical Practice Study I. New England Journal of Medicine 1991; 324: 370-376 7.
- Institute for Healthcare Improvement. 5 Million Lives Campaign. 2006. [Accessed 8th April 2008].
- Institute for Healthcare Improvement. 5 Million Lives Campaign. 2006. [Accessed 8th April 2008].
- Joint Commission International Accreditation, 2010

THANK YOU