

PATIENT SAFETY GOALS IMPLEMENTATION AND ITS ASSESSMENT

**Internship Training
at
CARE Hospitals, Nagpur**

**By
Rucha Atmaramani**

**Under the guidance of
Dr. Vijay Pratap Raghuvanshi**

**MBA Hospital & Health Management
2013–15**


**Institute of Health Management Research
Jaipur
2015**

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Rucha Atmaramani** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **CARE Hospitals, Nagpur** from **9th February 2015 to 9th May 2015**.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.



Col. Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur



Mr. Vijay Pratap Raghuvanshi
Associate Professor
IIHMR, Jaipur

CERTIFICATE OF INTERSHIP

TO WHOMSOEVER IT MAY CONCERN

Date: 11/05/2015

This is to certify that **Dr. Rucha Atmaramani**, Student from the **IIHMR University (Jaipur)** has successfully completed her **Three Month Internship** in our organization from **09/02/2015 to 09/05/2015**.

She successfully completed her project on “Implementation of Patient Safety Goals and Its Assessment “ for IPD Nursing staff.

During this period she has been sincere and punctual.

We wish her all the success for his future endeavors.

For Ganga CARE Hospital Ltd.,



Ravi Mannadiyar

GM – HR & Admin.





INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Patient Safety Goals Implementation and its Assessment and submitted by (Name) Dr. Rucha Atmaramani Enrollment No 2013-15/1494 under the supervision of Mr. Vijay Pratap Raghuvanshi for award of MBA Hospital and Health Management/ MBA Pharmaceutical Management of the university carried out during the period from 2013 to 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

R. H. Atmaramani
Signature

ACKNOWLEDGEMENT

With grateful heart I would like to remember and thank all the persons who have helped me during the course of my Internship program. I wish to place on record my words of gratitude to **Mr. Ravi Mannadiyar, Chief Hospital Administrator CARE Hospitals Nagpur** for being an enzyme and backbone behind my internship program.

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Overview of CARE Hospitals

The CARE Hospitals Group is a multispecialty healthcare provider, with 16 hospitals serving 9 cities across 7 states of India. The regional leader in tertiary care in South/Central India and among the top 4 pan-Indian hospital chains, CARE Hospitals delivers comprehensive care in more than 30 specialties in tertiary care settings.

Adopting a service-oriented delivery model, CARE Hospitals provides cost-effective medical care, with an uncompromising commitment to its core purpose, “To provide care that people trust.” Founded in 1997 by Dr B Soma Raju and a team of India’s leading cardiologists, the CARE Hospitals’ founders developed Asia’s first indigenous coronary stent — the ‘Kalam-Raju stent,’ named after Dr APJ Abdul Kalam, former President of India, and Dr B Soma Raju, Chairman and Managing Director, CARE Hospitals Group. This is just one of the many innovations developed at CARE Hospitals, which strives to make healthcare affordable for all, while ensuring clinical outcomes at par with international standards.

Today the CARE Hospitals Group comprises 16 multi superspecialty hospitals offering comprehensive patient-focused care, with 24*7 state-of-the-art infrastructure, medical equipment and facilities, complemented by globally trained and experienced doctors and professional support staff. It is recognized as the most advanced, complete cardiac care centre in the country, powered by cross-functional teams with deeper skill sets and round-the-clock availability of cardiologists, cardiac surgeons, critical care and emergency medicine specialists. The hospitals are models for high doctor-patient and nurse-patient ratios to ensure patient satisfaction.

CARE Hospitals is a complete healthcare ecosystem, with related components of education/training and research, pursuing innovations that make healthcare more affordable. A network of telemedicine hubs in rural Andhra Pradesh and Maharashtra deliver care at the doorstep to lakhs of people. These activities are managed by its partner CARE Foundation.

CARE Hospitals continually updates medical knowledge and puts it into practice — taking innovations from the bench to the bedside. The Group has a rigorous Clinical Research programme (certified by the Drugs Controller General of India), with advanced infrastructure and trained resources to conduct clinical trials in the areas of drug and medical device

development. Both pioneering original research and sponsored clinical trials are conducted at several hospitals and over 40 studies are under way, at any given time.

CARE Hospitals is owned and managed by Quality CARE India Ltd.

Associate Institutions

As part of its commitment to provide comprehensive healthcare to all - regardless of affordability, CARE Hospitals has evolved integrated and networked healthcare delivery models, both horizontally and vertically to suit the varied needs of the population across the geographic (rural and urban) and social (low to high income groups) spectra. In this endeavour it partners with several organizations to extend its reach and serve the community better.

CARE Foundation

CARE (CARDiac Research & Education) Foundation was founded in August 1996 with a vision to evolve a model healthcare system, which would address the core issues of quality, cost, and access. The Foundation is committed to making healthcare more affordable and accessible to all, by practicing medicine with ethics and integrity, serving all sections of society and never refusing care to anyone.

CARE Foundation works in the domains of innovations in medical education & training, healthcare research, addressing the healthcare needs of poor patients, and developing and adopting technology to reach people in remote communities – both rural and urban. It operates in a networking environment with various public and private institutions.

CARE Foundation is recognized by the Department of Science & Technology, Govt. of India, as an R & D Institution and is registered under the Foreign Contribution Regulation Act (FCRA). It is a registered non-profit society, qualifying for 50% exemptions under Section 80G of the Income Tax Act.

CARE Foundation

CARE Hospitals' subsidiaries

The CARE Hospitals Group has 4 subsidiaries with whom it manages 6 partner hospitals:

- Visakha Hospitals & Diagnostics Ltd – managing 2 facilities in Visakhapatnam
- Ramkrishna CARE Medical Sciences Pvt Ltd – managing 2 facilities in Raipur
- Ganga CARE Hospital Ltd, Nagpur
- Galaxy CARE Laparoscopy Institute Pvt Ltd, Pune

Purpose, Vision & Values



Purpose

To provide care that people trust

Vision

To be a trusted, people-centric,integrated healthcare system as a model for global health

Values

Honesty & Integrity

The practice of honesty fortifies character. Integrity means doing right at all times and willingness to live by the standards and beliefs of the organization.

Teamwork

A collaborative work ecosystem, where the collective efficiencies are harnessed for delivering the best possible care.

Citizenship

Good governance and appropriate working relationship with all stake- holders, based on compliance to laws and ethical practices.

Empathy & Compassion

The ability to understand the feelings of patients as well as employees, so that the services delivered are humane and in a supportive work environment.

Equity

Mutual trust based on fair and impartial consideration of all professional matters so that it fosters positive contribution towards the institutional purpose.

Education

Continuous learning for the creation of a sustainable healthcare system, where employees and the organization can grow together.

Dignity & Respect

Treat all with utmost regard and esteem so that it enhances respect and, in turn, a sense of belonging.

NABH Accreditation



NABH (National Accreditation Board for Hospitals & Healthcare Providers) accreditation for 8 hospitals in the Group:

- Hyderabad (Banjara Hills)
- Hyderabad (Nampally)
- Hyderabad (Musheerabad)
- Visakhapatnam (Ramnagar)
- Raipur (Dhamtari Road)
- Bhubaneswar

- Nagpur
- Surat

NABL (National Accreditation Board for Testing and Calibration Laboratories) accreditation for 3 hospitals in the Group:

- Hyderabad (Banjara Hills)
- Hyderabad (Nampally)
- Hyderabad (Musheerabad)



ABOUT CARE HOSPITALS NAGPUR



CARE Hospitals, Nagpur, has been acclaimed as a hospital par excellence for its contribution to healthcare in Nagpur city and the surrounding regions. This 101-bed hospital, commissioned on 19 November 2006, has earned a reputation for being the best provider of quality healthcare of international standards at affordable rates.

The multispecialty hospital has doctors of international acclaim, qualified and competent medical, nursing, paramedical and other staff, as well as superior technology and state-of-the-art facilities to provide the best care to patients. We strive to achieve perfection in serving patients by providing quality healthcare, built on the values of compassion, care and concern.

In our effort to serve you better through the cashless facility, we have joined hands with corporate organizations, insurance companies and TPAs.

CARE Hospitals, Nagpur, is accredited by the **NABH (National Accreditation Board for Hospitals & Healthcare Providers)**.

Dr Varun Bhargava is the Medical Director of Ganga CARE Hospitals, Nagpur. He can be reached at drvarunbhargava@carehospitals.com.

Mr Ravi Mannadiyar is the Hospital Administrator of Ganga CARE Hospitals, Nagpur. He can be reached at ravi.mannadiyar@carehospitals.com.

Scope of Services

- Anesthesiology
- Cardiac Sciences
- Critical Care
- Dermatology
- Emergency Medicine
- Endocrinology
- ENT
- Gastroenterology
- General Medicine
- General Surgery & Surgical Gastroenterology

- Hematology
- Laboratory Medicine
- Nephrology
- Neuro Sciences
- Obstetrics & Gynecology

- Oncology
- Ophthalmology
- Orthopedics
- Pediatrics
- Physiotherapy & Rehabilitation

- Plastic Surgery
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Urology
- Vascular Surgery

Dissertation Project on

Implementation of Patient Safety Goals and its Assessment

AIM Of The Project:

Implementation of Patient Safety Goals and its Assessment for inpatients in CARE Hospitals, Nagpur.

Objectives:

- To analyze the awareness about patient safety amongst nursing staff.
- To develop a training module on patient safety goals.
- Providing training on patient safety goals, its requirement, need and necessity.
- To demonstrate bed side training on history taking. documentation and reporting.
- To develop a questionnaire to evaluate the effectiveness on understanding and its practical implication.
- To provide recommendations for improving patient safety needs.
- To suggest top management on the improvement points related to patient safety observation and implementation.

Methodology:

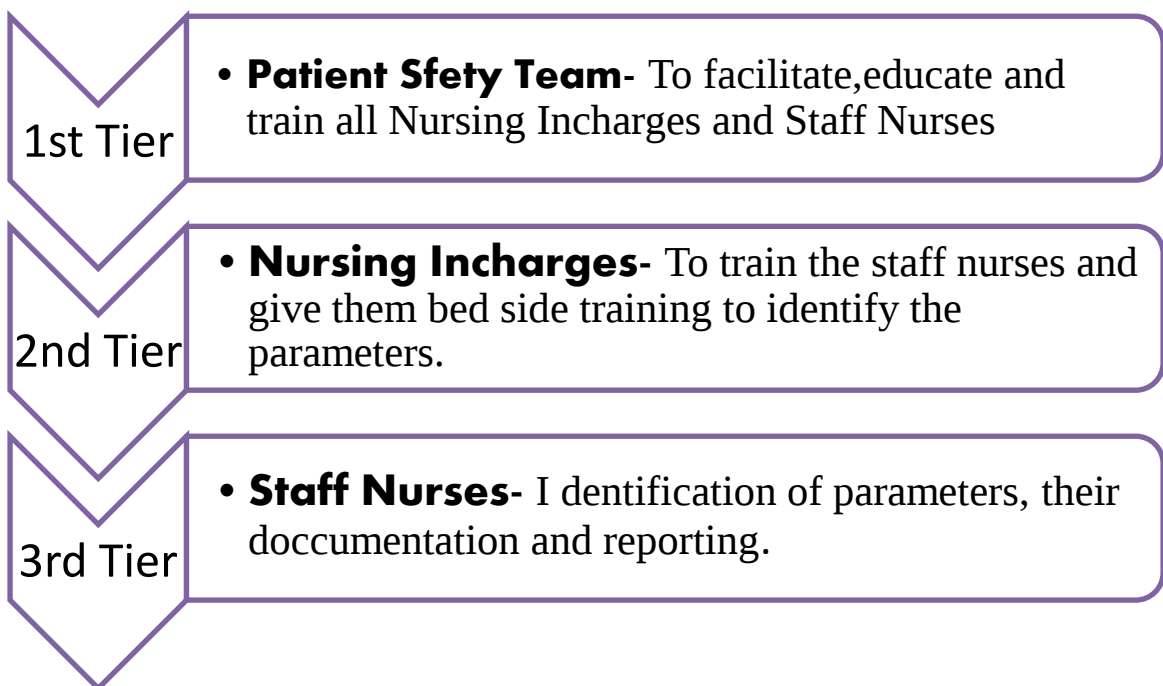
Approach:

- Patient Safety is one of the key component of Care Process Re-Engineering.
- For facilitating the concept of patient safety there is a patient safety team.

Roles and Responsibilities of patient safety team

- To bring in the concept of Patient safety is responsibility of every team member providing care
- Point of care team is responsible for documentation of patient safety issues
- Patient safety team work as facilitator and trainer for the team
- Patient safety team is responsible for compilation and computation of the Net Safety index
- Patient safety team is responsible for all improvement programs coming out of this project

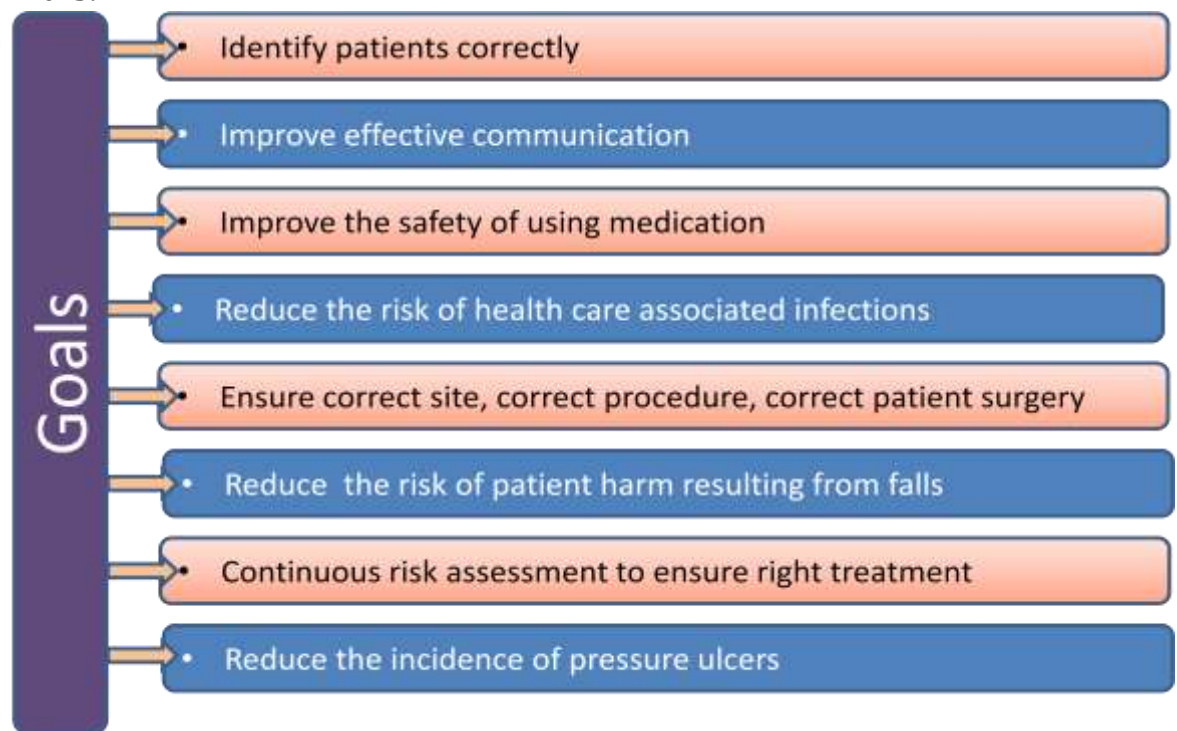
The Whole process of driving and implementing Patient Safety and Events Management is divided into a 3 tier process.



Training Process

The training sessions has been designed in the following manner:

- ❖ First Session was an orientation session for all the nursing incharges regarding the importance of Patient Safety and Why Patient Safety?
 - Introduction and Orientation regarding Patient Safety Goals given by **WHO and JCI in 2015.**



- Explanation about the Patient Safety and Events Sheets.
- Orientation about the Patient Safety Parameters.
- ❖ Second session was for the Nursing Staff and Nursing Incharges regarding brief introduction about patient safety and the related parameters.
- ❖ Continuous on ground training by Patient Safety Team.

In Training process it was mandatory for all the Nursing Staff to attend minimum **three** sessions on the parameters of Patient Safety and Events Management

Training Highlights

- I. On ground thought process regarding the fear of documentation- that the concept is not for fault finding but it is for improving the quality of care.
- II. This thought was necessary to instill in the minds for correct documentation and reporting of the parameters.
- III. On ground training and explaining the parameters.
- IV. Bed side training regarding documentation as well as reading of reports and notes.

Training On Patient safety parameters

- Training material was developed for all parameters of the patient safety to have a uniform understanding of all the parameters
- A hand out which is kept at all the nursing station for ease of reference when ever required
- Regular training class for all the Nursing team members.

Parameters of patient safety on which training was conducted are:

- Medication safety
- Health care associated infections
- Reduce Falls / Sentinel Events
- Incidence of pressure ulcers
- Communication of critical results / Tissue damage events
- Protocol for preventing Wrong site, Wrong Procedure; Wrong person surgery
- Adverse events
- Tissue Damage events /Vascular
- Neurological events
- Generic events
- Medical device related events
- Others

Training Document used for training of staff on the parameters is as follows:



Definition **Phlebitis and Thrombophlebitis**

Phlebitis – Inflammation of a vein

Thrombophlebitis – A blood clot in the vein causes the inflammation

Identified parameters	Who can identify easily
Patient is on IV line Following signs are evident: ☐ Pain along the path of ☐ Redness ☐ Induration (Swelling) ☐ Palpable venous cord ☐ Fever Can consider VIP score to define the phlebitis & thrombophlebitis	The primary care provider, patient relative and attending physician Key Trigger points Thrombophlebitis, affected limb elevation, data collection by ICN
How and where to document	
In Patient safety documentation sheet with time, date and name of the person and whether any treatment is initiated for the same	

1



Definition **Hematoma at puncture site**

Hematoma is a collection of blood outside of a blood vessel. It occurs because the wall of a blood vessel wall, artery, vein or capillary, has been damaged and blood has leaked into tissues where it does not belong. The hematoma may be tiny, with just a dot of blood or it can be large and cause significant swelling.

Identified parameters	Who can identify easily
Bluish black discoloration Covert bleeding in the subcutaneous tissue (difficult to assess) Obvious bleeding from the site with symptoms of compromised vascular blood flow (eg: weak or absent pulse) Swelling and pain	The primary care provider, patient relative and attending physician Key Trigger points Progress notes, doppler/ultrasound tests, thrombophlebitis and drop in Hb gms%
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

1

Definition Re-intubation	
Patient requiring re-intubation within 48 hrs after failed extubation.	
Identified parameters	Who can identify easily
By re- inserted Endo tracheal tube Extubation record Re intubation documentation	The primary care provider
	Key Trigger points
	Progress notes and ICU chart, quality indicator register
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

15

Definition Accidental removal of tubes & catheters	
Accidental removal of catheters and tubes by patient as well as primary care provider while ambulating patients.	
Identified parameters	Who can identify easily
• Presence of tubes • Removal of tube • Replacement of tubes and catheters	The primary care provider
	Key Trigger points
	Progress notes and ICU chart, event forms & quality indicator register
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

16

Definition Peripheral necrosis	
Refers to interruption of blood supply to a extremity that leads to tissue death; it can be caused by embolism, thrombosis of an atherosclerosis artery, trauma, invasive lines and vasopressors. Extravasation of hypertonic solution leads to skin necrosis	
Identified parameters	Who can identify easily
• Cyanosis and mottling. • Patchy discoloration of the skin • Necrosis	The primary care provider, Physician and patient relatives
	Key Trigger points
	Cool peripheries and cyanosis
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

17

Definition Deep Vein Thrombosis	
A blood clot in the deep venous system of the leg.	
Identified parameters	Who can identify easily
This can be identified by • Pain, • Swelling, • Warmth, • Tenderness • Redness of the lower limb.	The primary care provider
	Key Trigger points
	Documentation of lower limb pain D-dimer Venous doppler / Ultrasound
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

18

Definition New condition of seizure during hospital stay	
Epilepsy is a brain disorder in which clusters of nerve cells or neurons in the brain sometimes signal abnormally. Normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions, and behavior, muscle spasms and loss of consciousness.	
Identified parameters	Who can identify easily
Loss of consciousness, Falls and Massive muscle spasms	The primary care provider, patient attender and Physician
	Key Trigger points
	Jerky moments, Inj.Epsolin and Neurologist consultation. Progress notes and ICU chart
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

20

Definition Intra cerebral bleed	
Bleeding anywhere inside of the skull is called an intracranial hemorrhage and within the brain itself is known as intracerebral hemorrhage.	
Identified parameters	Who can identify easily
• Headache, • Weakness on one side, • Numbness and • Sudden seizure	The primary care provider
	Key Trigger points
	Documentation of headache, vomiting and High BP. MRI and CT brain
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

21

Definition Hypoglycemia during hospital stay	
It is clinical syndrome that results from low blood sugar. The symptoms of hypoglycemia can vary from person to person as can severity. Symptoms will resolve when sugar levels returns to normal.	
Identified parameters	Who can identify easily
• Giddiness • Nervousness, • Sweating, • Trembling and palpitation. • Slurring of speech	The primary care provider, patient relative and Physician
	Key Trigger points
	Blood sugar 60mg% in glycemc chart, 25% dextrose in stat dose column Documentation of giddiness and sweating
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

22

Definition Incidence of hematuria	
Blood in the urine either gross or microscopic. Gross hematuria can vary widely, from light pink and to deep red with clots.	
Identified parameters	Who can identify easily
Color of urine and microscopic examination.	The primary care provider and Physician
	Key Trigger points
	Progress notes and ICU chart. Drop in Hb gms% and Urologist cross consultation. Altered coagulation profile from biochemistry chart
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

23

Definition Anemia/Post operative hemorrhage	
Anemia refers to reduction in the mass of circulating red blood cells A hemorrhage may be external and visible on the outside of the body or internal where there is no sign of bleeding outside the body.	
Identified parameters	Who can identify easily
Patient has been operated within 5 days of identification Checking of Drains for excess blood loss Patient with anemia experience weakness, fatigue, breathlessness and palpitation.	Primary care provider and attending Physician
	Key Trigger points
	Hb < 7gms%, Transfusion details
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

24

Definition Post operative wound dehiscence	
It refers to re-opening of the surgical incision by its own in view of excessive tension on the incision	
Identified parameters	Who can identify easily
Bleeding, Pain, Inflammation, fever or spontaneous wound opening. 	The primary care provider and attending physician
	Key Trigger points
	Progress notes and Nursing care plan sheet Dressing indents. ICN data
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

25

Definition User Device interface problems	
It refers to the link between the designer's intended use of the device and the user, who ultimately decides, either intentionally or unintentionally, how the device will be used. It includes device controls and displays, alarms, operating manuals and training necessary for maintenance.	
Identified parameters	Who can identify easily
Undesirable result by malfunction.	Consultant Physician and the operator
	Key Trigger points
	Device related issues notes and Progress notes
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

27

Definition Medical device failure	
Inadequate instructions, component issues and assembly errors are some of the causes for medical device failures.	
Identified parameters	Who can identify easily
	Consultant physician
	Key Trigger points
	Procedure attempt notes in Progress notes and ICU chart
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

28

Definition Cardiac arrest	
Abrupt loss of cardiac function leads to unconsciousness and cessation of normal breathing may lead to death	
Identified parameters	Who can identify easily
Abrupt collapse due loss of O2 supply to vital organs. Cessation of breathing Cool peripheries and Unresponsiveness	The primary care provider and Physician and some extent relatives
	Key Trigger points
	CPR measures in Progress notes. Emergency medications stat dose CPR/code blue forms
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

28

Definition Iatrogenic Pneumothorax	
Accumulation of air in the pleural cavity as a result of cardiac surgical and therapeutic diagnostic related intervention	
Identified parameters	Who can identify easily
Intervention done like • Thoracocentesis • CT guided transthoracic fine needle aspiration • Pleural biopsy • Transbronchial biopsy Symptoms include: Drop in air entry, Tachypnea, Drop in O2 saturation , drop in PO2 and chest X-ray	The primary care provider, Physiotherapist and Physician
	Key Trigger points
	Progress notes and ICU chart. Persistent Ventilator airway pressure alarm. ICD insertion notes
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

29

Definition New condition of Acute renal failure	
AKI is defined as any of the following (Not Graded): Increase in SCr by ≥ 0.3 mg/dl (≥ 26.5 $\mu\text{mol/l}$) within 48 hours; or Increase in SCr to ≥ 1.5 times baseline, which have occurred within the prior 7 days; or Urine volume < 0.5 ml/kg/h for 6 hours	
Identified parameters	Who can identify easily
Low urine output, Shortness of breath and arrhythmias Elevated Serum K and Creatinine	The primary care provider and Consultant Physician
	Key Trigger points
	ICU I/O chart and biochemistry report (Sr Creatinine) and Nephrologist cross consultation.
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

30

Definition Acute GI bleed	
Rapid onset of Loss of blood from GI Tract(Pharynx to Rectum). Divided as per the region of bleed Upper GI(Pharynx to Ligament of Treitz) and Lower GI Bleed(Colon, rectum and anus)	
Identified parameters	Who can identify easily
• Vomiting of Blood • Bloody bowel movements • Tarry stools • Fatigue • Anemia • Pale appearance • Abdominal pain • Drop in Hb gms% and hypovolemic	The primary care provider, Patient relative and consultant Physician
	Key Trigger points
	Documentation of melena and UGI endoscopy Blood transfusion, IV Pantoprazole /Ranitidine
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

31

Definition Hypo/Hyponatremia	
Fluctuation in sodium electrolyte concentration result from perturbation in water balance. Hyponatremia – Serum Na concentration<135mmol/L and Hyponatremia – Serum Na concentration>145mmol/L	
Identified parameters	Who can identify easily
Hyponatremia(if <125mmol/L) – nausea, lethargy and development of focal neurological deficit Hyponatremia (if > 145mmol/L) Polyuria, Lethargy and muscle cramps.	The primary care provider
	Key Trigger points
	Progress notes and ICU chart ABG and biochemistry report
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

32

Definition Hypo/Hyperkalemia	
It is an Imbalance in the Serum K excretion regulated by kidney and cellular shifts mediated by hormones. Hypokalemia < 3.5mmol/L and Hyperkalemia > 5mmol/L	
Identified parameters	Who can identify easily
Hypokalemia(if <3.5mmol/L) – Generalized muscle weakness, ileus, and cardiac arrhythmias. Hyperkalemia(if>5.0mmol/L) muscle weakness and conduction block arrhythmias	The primary care provider
	Key Trigger points
	Progress notes and ICU chart ABG and biochemistry report and drop in urine output.
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

33

Definition Pulmonary embolism during hospital stay	
A Thrombus formed in a vein has the potential to break off and enter the circulatory system and enters the right side of the heart and become lodged one of the branches of pulmonary arterial tree.	
Identified parameters	Who can identify easily
A sudden onset chest pain and shortness of breadth Elevated HR, cough that produces bloody sputum Sudden patient collapse Cyanosis	The primary care provider and consultant Physician
	Key Trigger points
	CT chest, D dimer Chest pain and SOB IVC filter
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

34

Definition Patient falls	
Refers to an unplanned descent to the floor (or extension of the floor) with or without injury to the patient.	
Identified parameters	Who can identify easily
Injury 	The primary care provider, Patient relative
	Key Trigger points
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

35

Definition Incidence of Pressure Ulcers	
Pressure ulcers are injuries to the skin and underlying tissue resulting from prolonged pressure on the skin. It happens on skin that covers bony structures of the body.	
Identified parameters	Who can identify easily
Skin redness, tenderness and firmness Damaged epidermis and dermis Loss of skin and muscle exposure.	The primary care provider, Patient relative and consultant Physician
	Key Trigger points
	Nursing care plan sheet, Dressing indent
	
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

Definition Incidence rate of wrong site/procedure/wrong person	
It is a never event categorized under sentinel event not primarily related to the natural course of patient's illness or underlying condition	
Identified parameters	Who can identify easily
Disability Permanent harm	The primary care provider, Patient relative
	Key Trigger points
	Documentation in Progress notes. Event form
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

Definition New onset of fever	
Refers to rise in core body temperature more than 38.3 degree c or 101 degrees of F, reason could be noninfectious, mild infection or initial presentation of severe infection.	
Identified parameters	Who can identify easily
No history of fever during initial assessment Temperature normal in initial evaluation Fever identified in the hospital	The primary care provider and Patient relative
	Key Trigger points
	Trends of hourly temperature chart Persistent high pulse rate
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

38

Definition Surgical site infection	
A surgical site infection (SSI) occurs at the site of a surgical incision(cut). Germs can sometimes get into the incision and cause an infection. An infection can occur any time after surgery but most commonly develops shortly afterward, usually within 30 days of an operation. Sometimes infections can occur much later, especially if an implant (such as a joint replacement, for example) is used.	
Identified parameters	Who can identify easily
- Fever more than 100.5F within 48 hrs more after surgery - Redness - Drainage - Pus - Pain - Swelling from the wound - Increase WBC count post surgery	The primary care provider and consultant physician
	Key Trigger points
	Fever, documentation about oozing in nursing progress notes Positive culture report. ICN data
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

39

Definition Ventilator associated pneumonia	
It is pneumonia that develops 48 hours or longer after mechanical ventilation is given by means of an endotracheal tube or tracheostomy	
Identified parameters	Who can identify easily
• Patient is on ventilator • Purulent tracheobronchial secretions, Fever • Hypoxemia • Progressive infiltrate on chest X-ray • Drop in Po2	Consultant physician
	Key Trigger points
	Fever Drop in Po2
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

41

Definition Catheter associated urinary tract infection	
A confirmed Urinary tract infection where indwelling catheter was in place > 2 calendar days on the date of event, with day of catheter placement being day 1 and indwelling catheter was in place on the date of the event or day before.	
Identified parameters	Who can identify easily
Fever >38 degree Celsius Suprapubic tenderness Positive urine culture	Consultant Physician
	Key Trigger points
	Temperature chart trend Documentation of malodorous urine and pyuria in Progress notes.
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

42

Definition Administration error – Medication safety	
It refers to a deviation from the prescriber's medication order as written on the patient chart, manufacturer's preparation/administration instructions, or relevant institutional policies	
Identified parameters	Who can identify easily
Deviation in drug Deviation in the dose Undesirable effects(harmful or ineffective)	The primary care provider and consultant physician
	Key Trigger points
	(key trigger points = audit by clinical pharmacologist & quality nurse, Event form, repeated indents & returns)
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

43

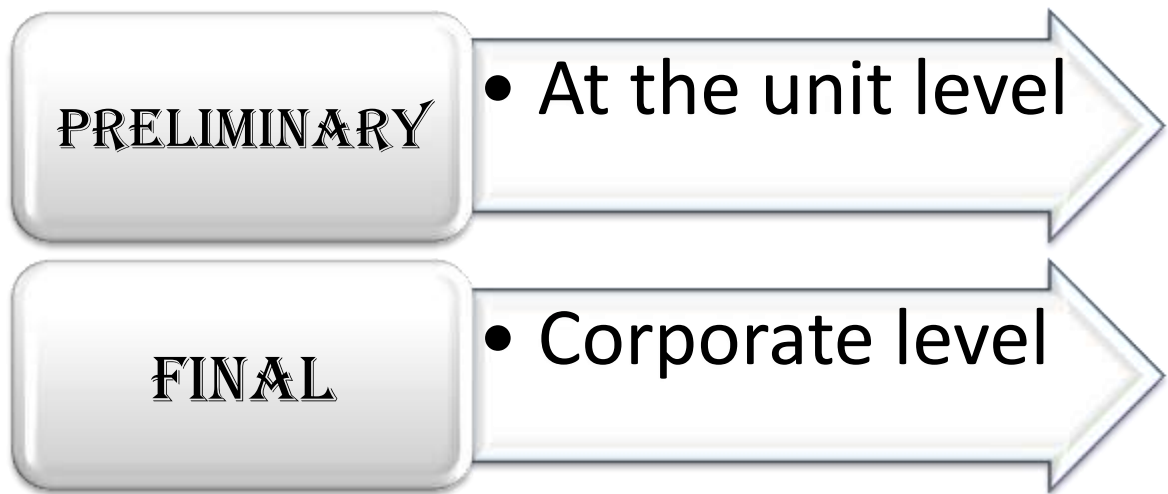
Definition Prescription errors	
Incorrect drug selection, dose, dosage form, quantity, route, concentration, rate of administration, or instruction for use of a drug product ordered or authorized by a physician; illegible prescriptions or medication orders that lead to errors that reach the patient	
Identified parameters	Who can identify easily
	Consultant physician
	Key Trigger points
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

Definition Adverse drug reaction	
Any unexpected or dangerous reaction to a drug. An unwanted effect caused by the administration of a right drug/dose. The onset of the adverse reaction may be sudden or develop over time	
Identified parameters	Who can identify easily
Itching, rashes, breathing difficulty and hypotension	Primary care giver, Patient relative and Consultant physician
	Key Trigger points
	Avil or hydrocortisone in stat dose ADR form
How and where to document	
In Patient safety documentation sheet with time, date and name of the person	

45

After the completion of 3 hours of training for each of the nursing staff, they have to appear for an exam so as to ensure their understanding and awareness regarding the patient safety parameters.

The written evaluation will be in two parts:

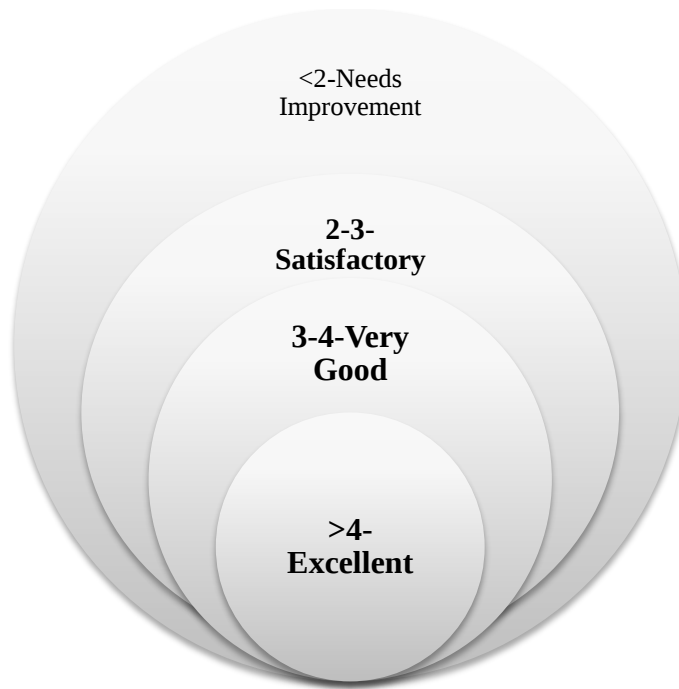


Preliminary level

At primary or unit level, a mixed questionnaire was prepared based on the training document from which the parameters were explained to the staff. Exam was conducted in four shifts and each time the set of questionnaire was different. At Unit level the total number of staff appeared for an examination were 93.

Each set contained 30 questions: Amalgamation of fill in the blanks, objective questions and descriptive questions carrying one mark each.

Scoring was further categorized into grades. The scale of grading is as follows:



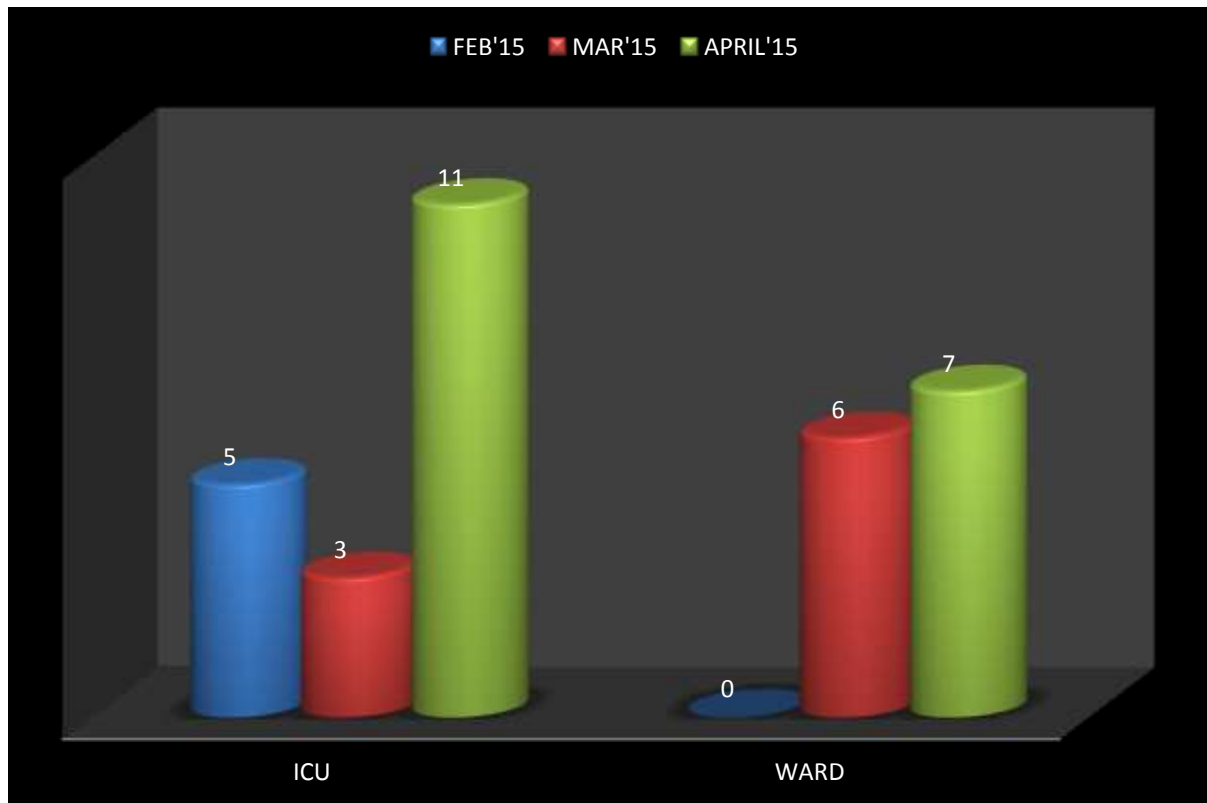
- 1 grade is equivalent to 6 questions, therefore maximum grade is of 5 that is equivalent to 30 questions.

The Preliminary and Final Exam Paper set are given in Annexure-B and Annexure-C respectively.

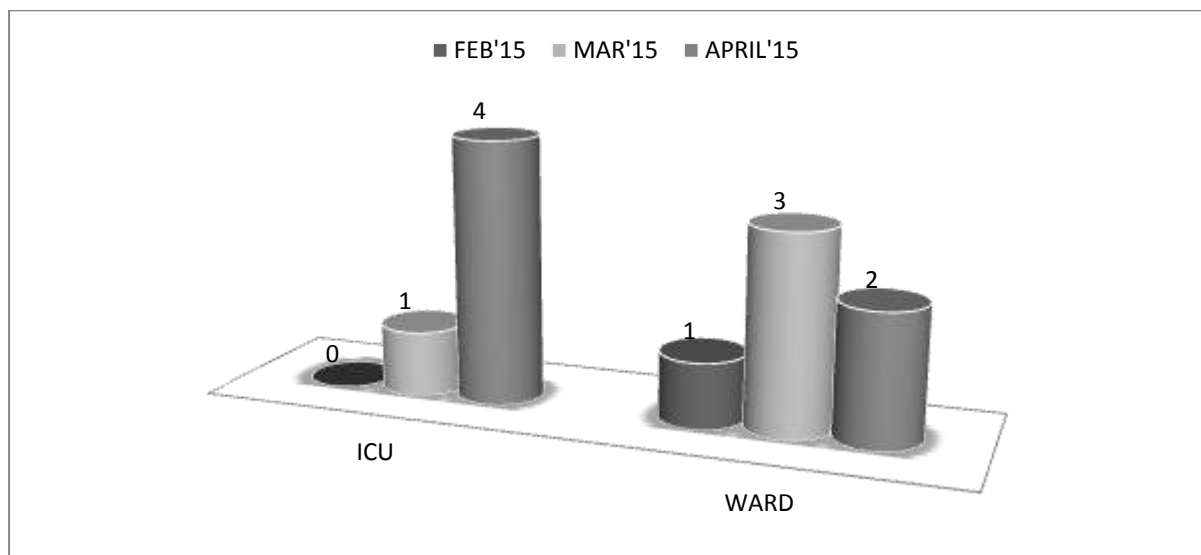
The Results of Training process are as follows:

- Increased Awareness and understanding about the patient safety parameters amongst the staff
- Successful Implementation in form of recording of these parameters in Inpatients in InHospital Patient Safety and Data Collection Sheet.
- Improvement in Recording of relevant parameters from February'15- April'15.

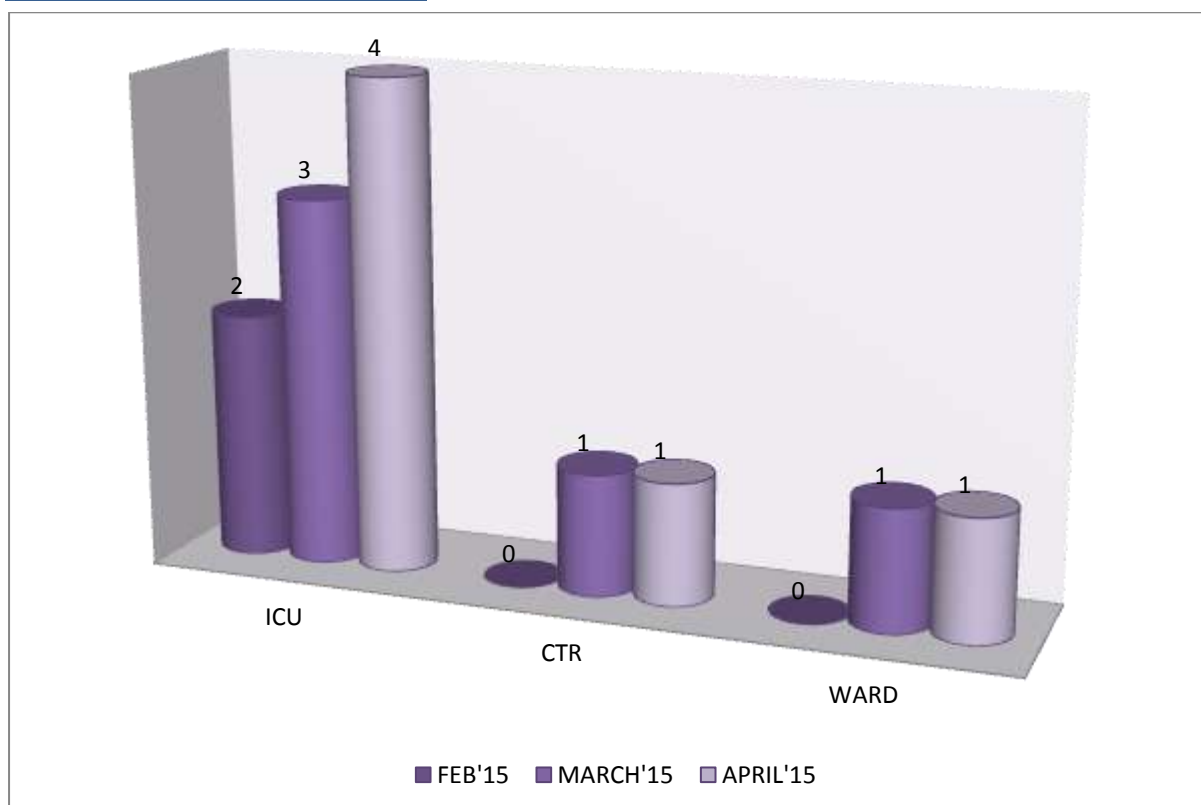
Incidence of Thrombophlebitis



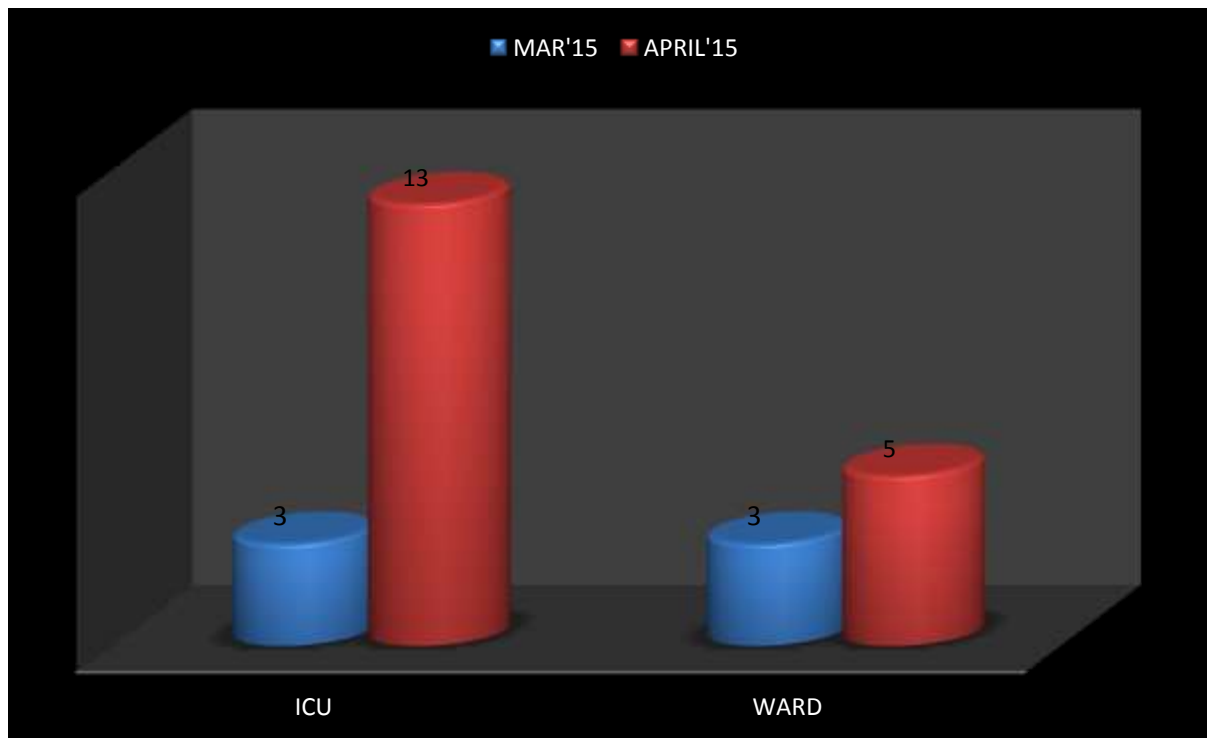
Incidence of Haematoma at puncture site



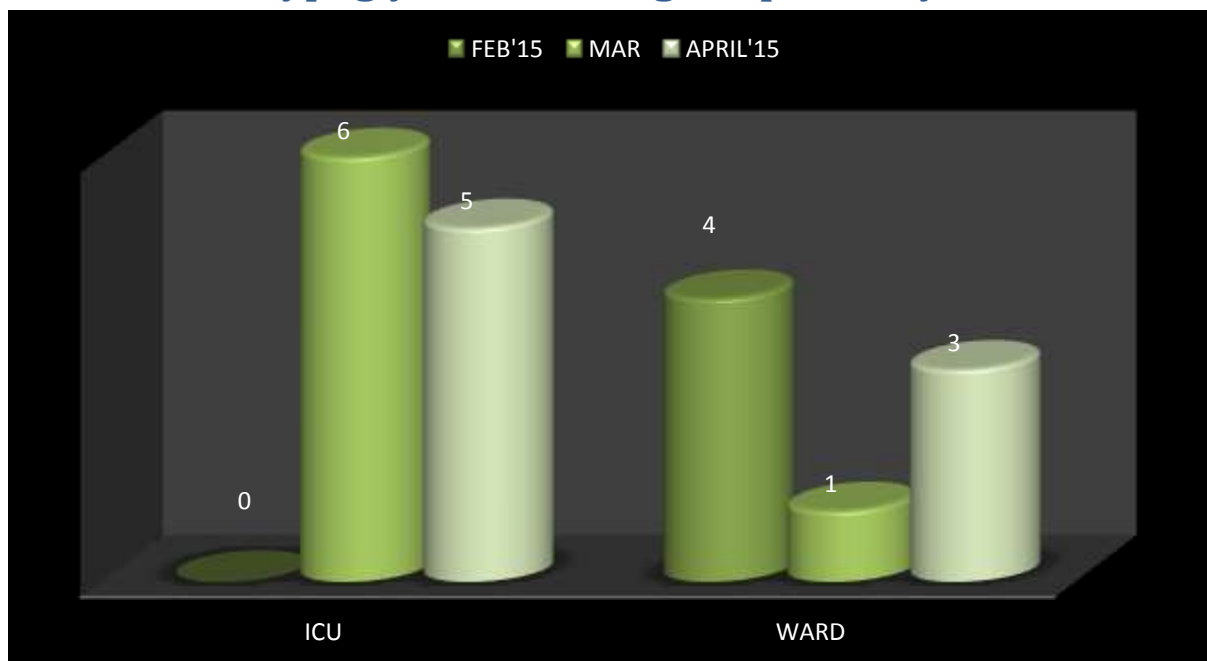
Incidence of Bed Sore



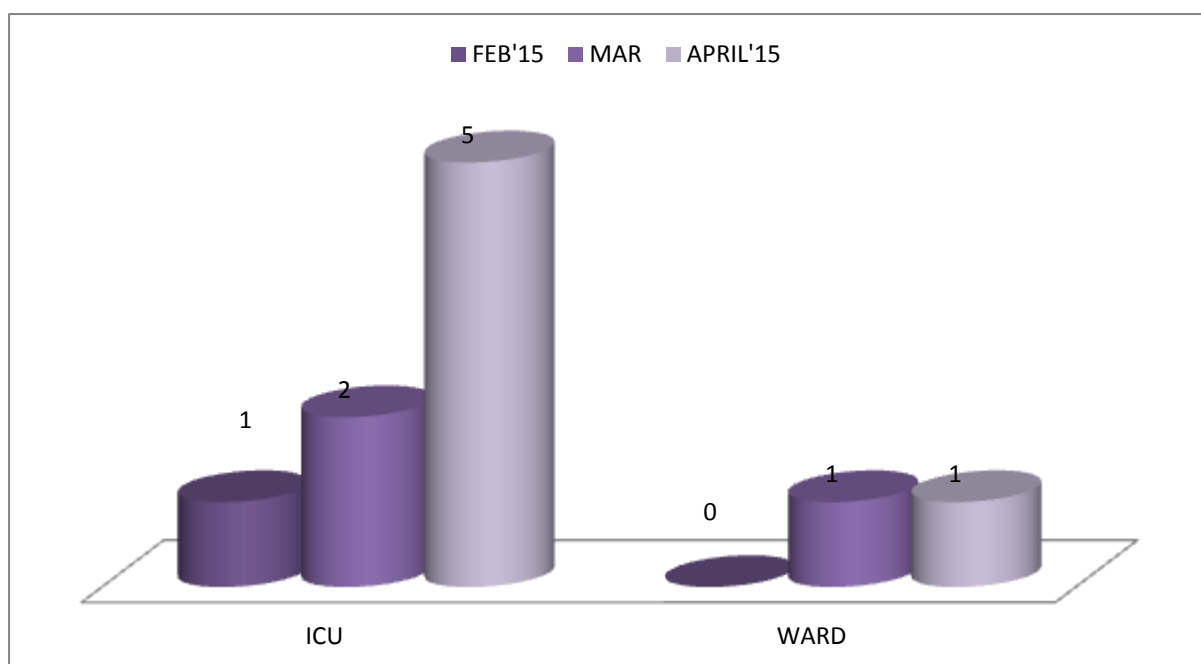
Incidence of New Onset of Fever



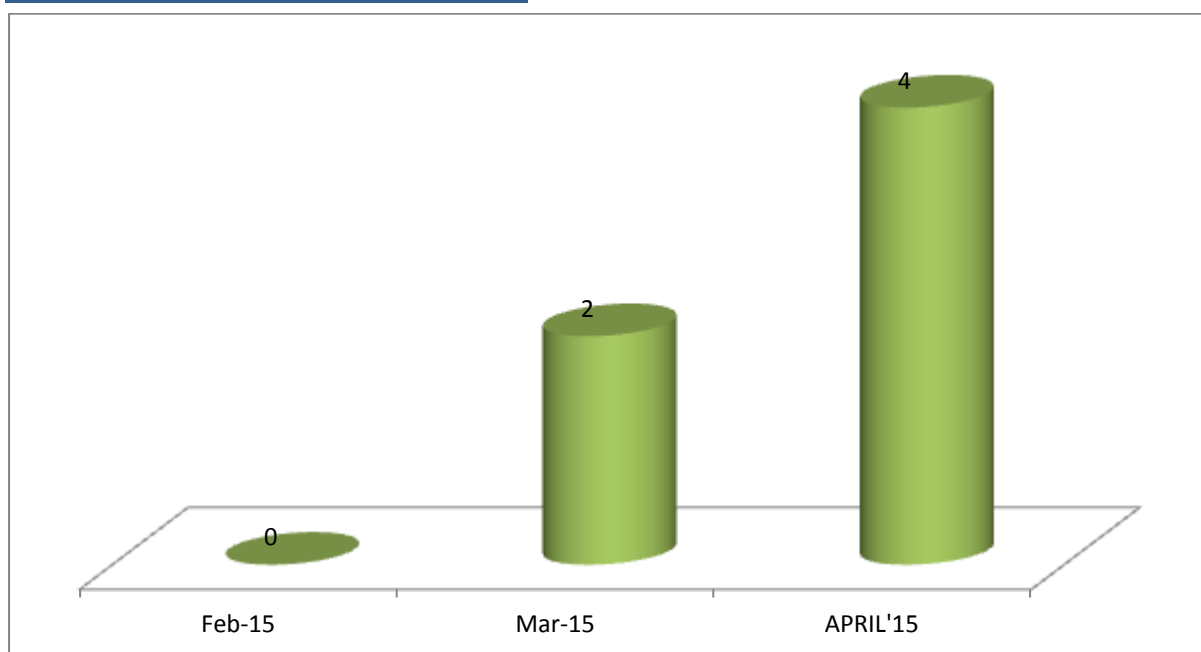
Incidence of Hypoglycemia During Hospital Stay



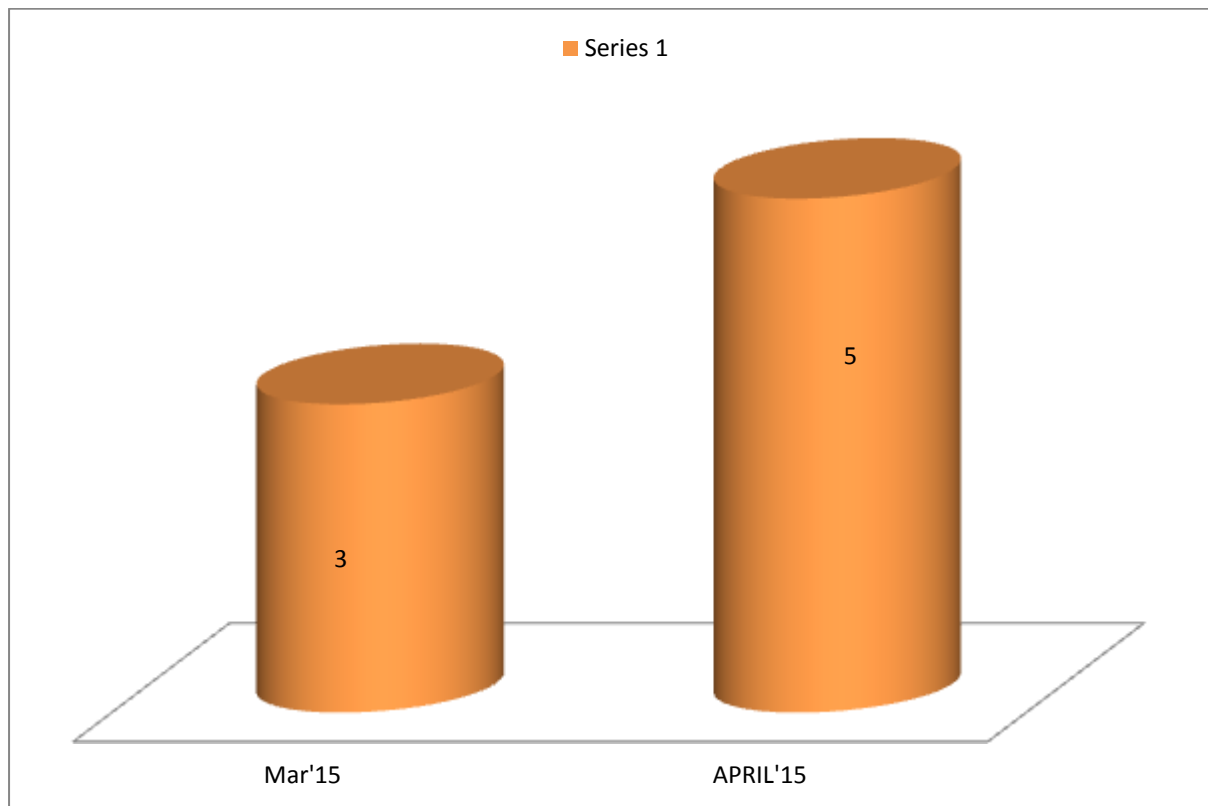
Incidence of Accidental Removal of Tubes and Catheter



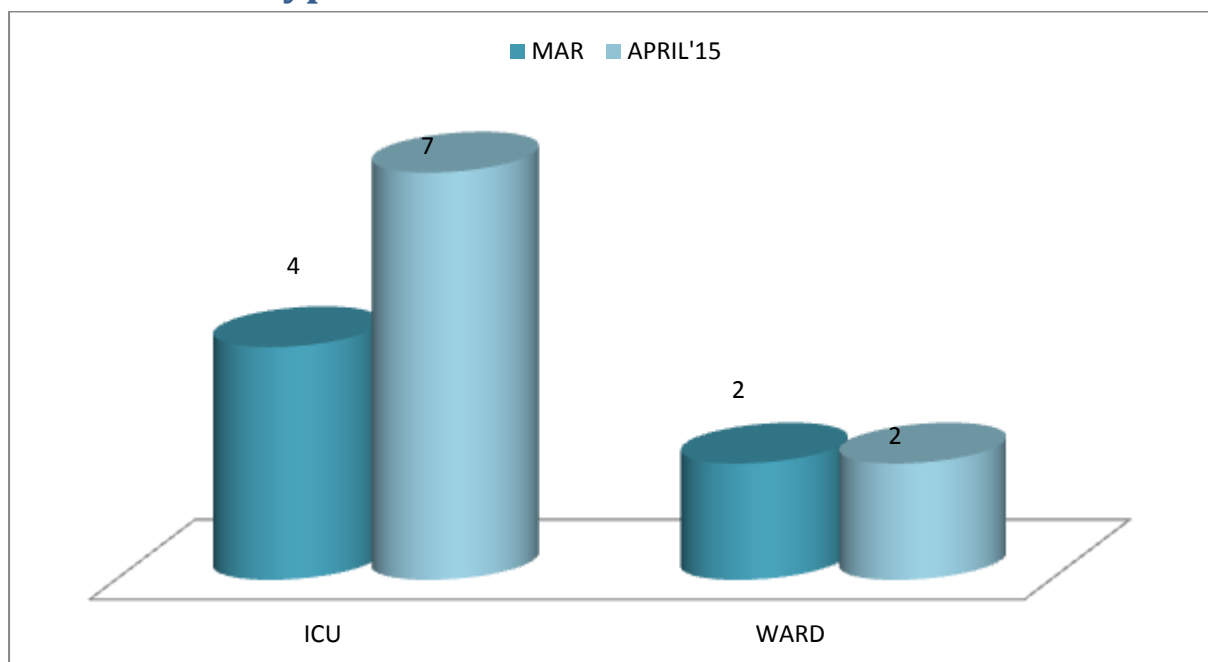
Incidence of RE-intubation



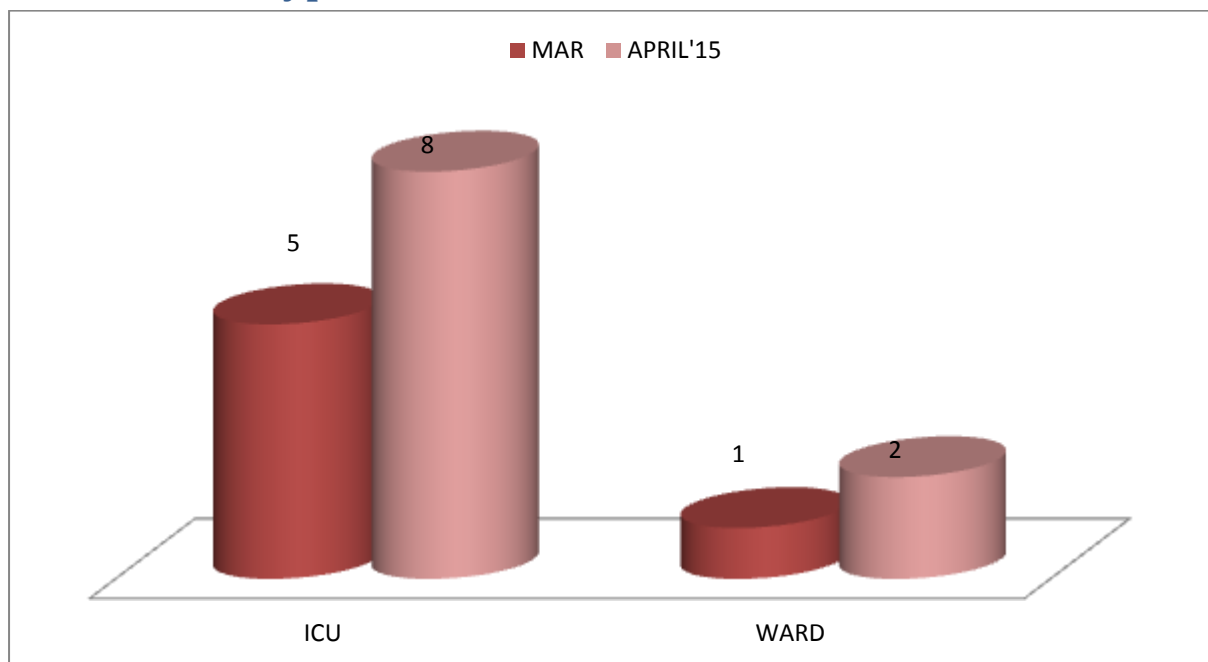
Incidence of Hypernatremia



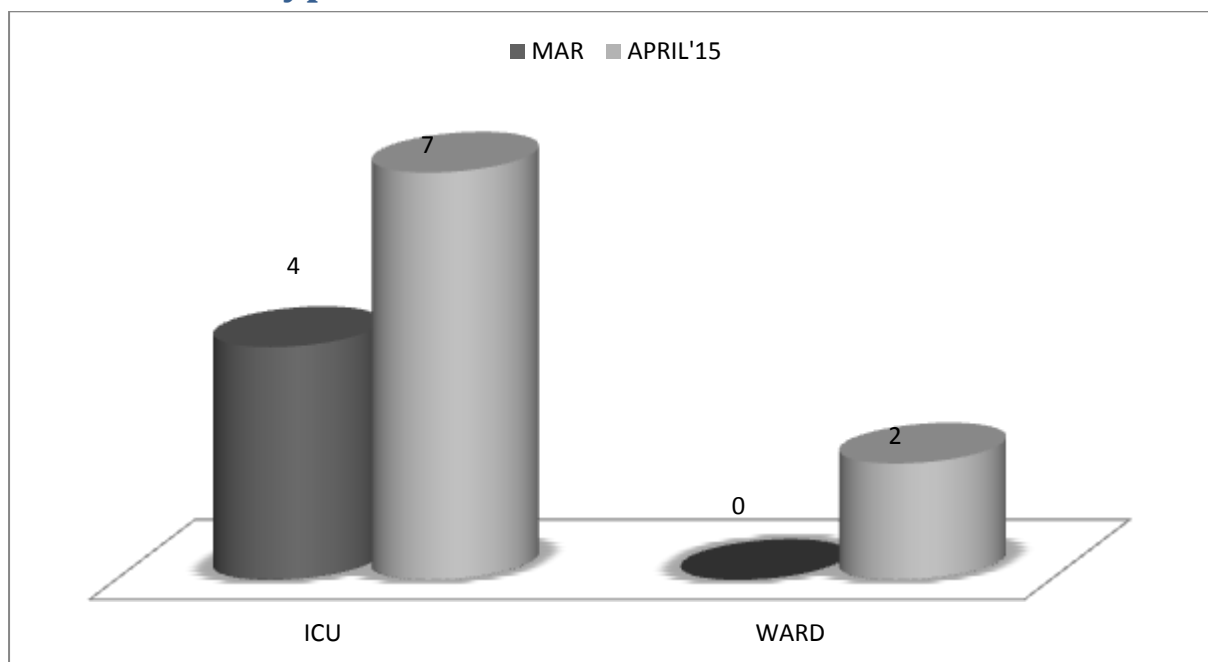
Incidence of Hyponatremia



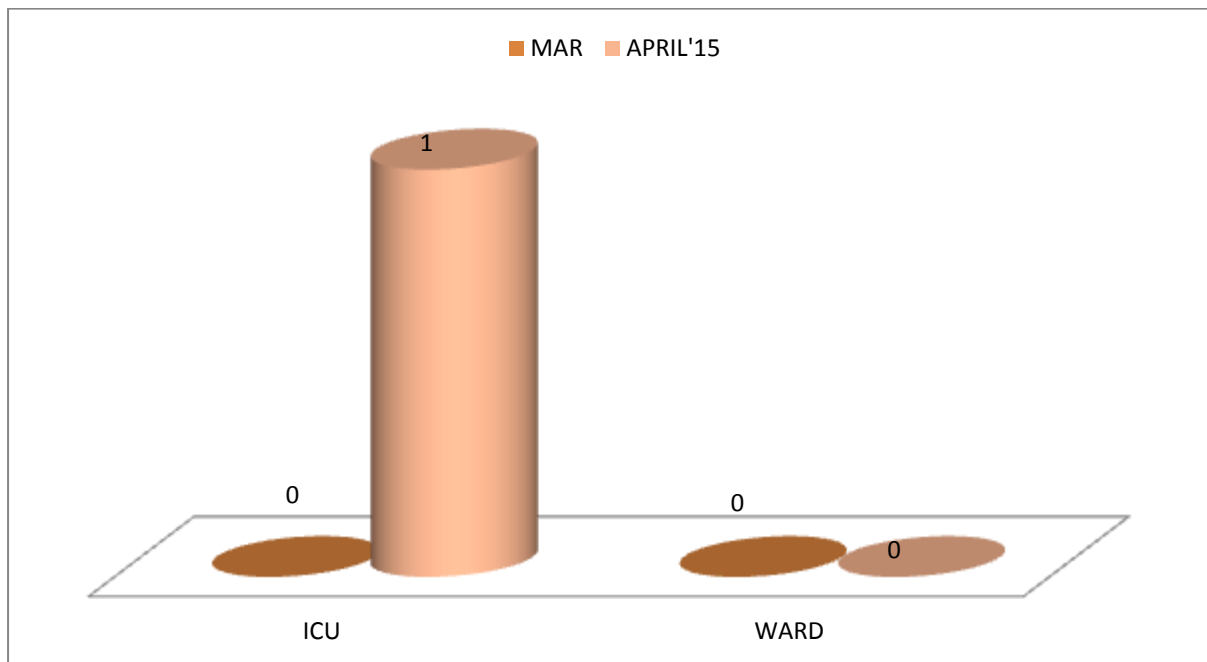
Incidence of Hyperkalemia



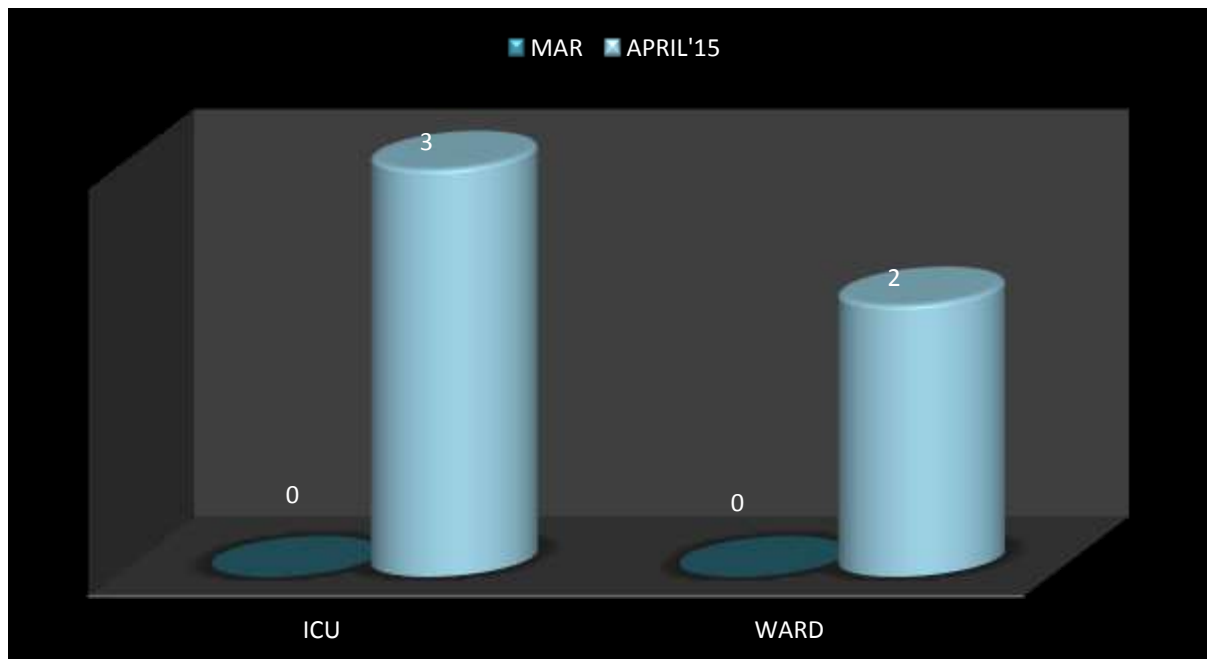
Incidence of Hypokalemia



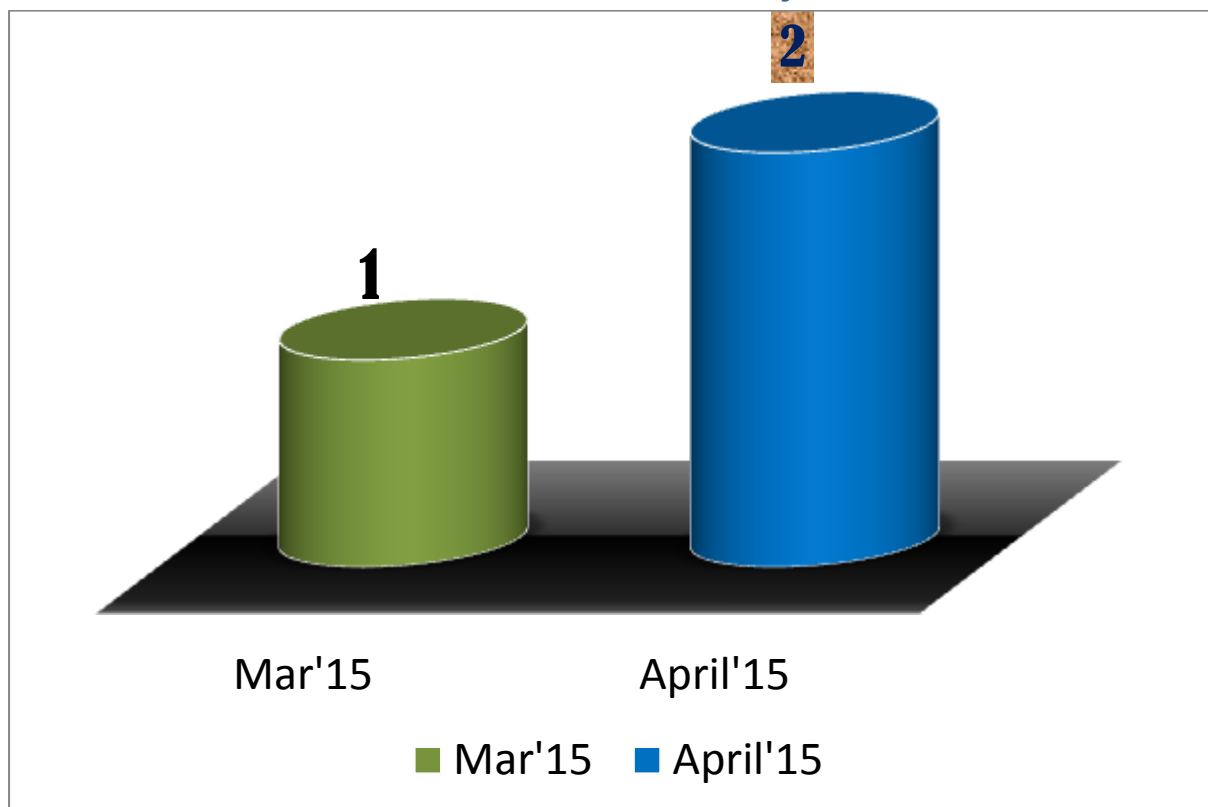
Incidence of Administartion Error



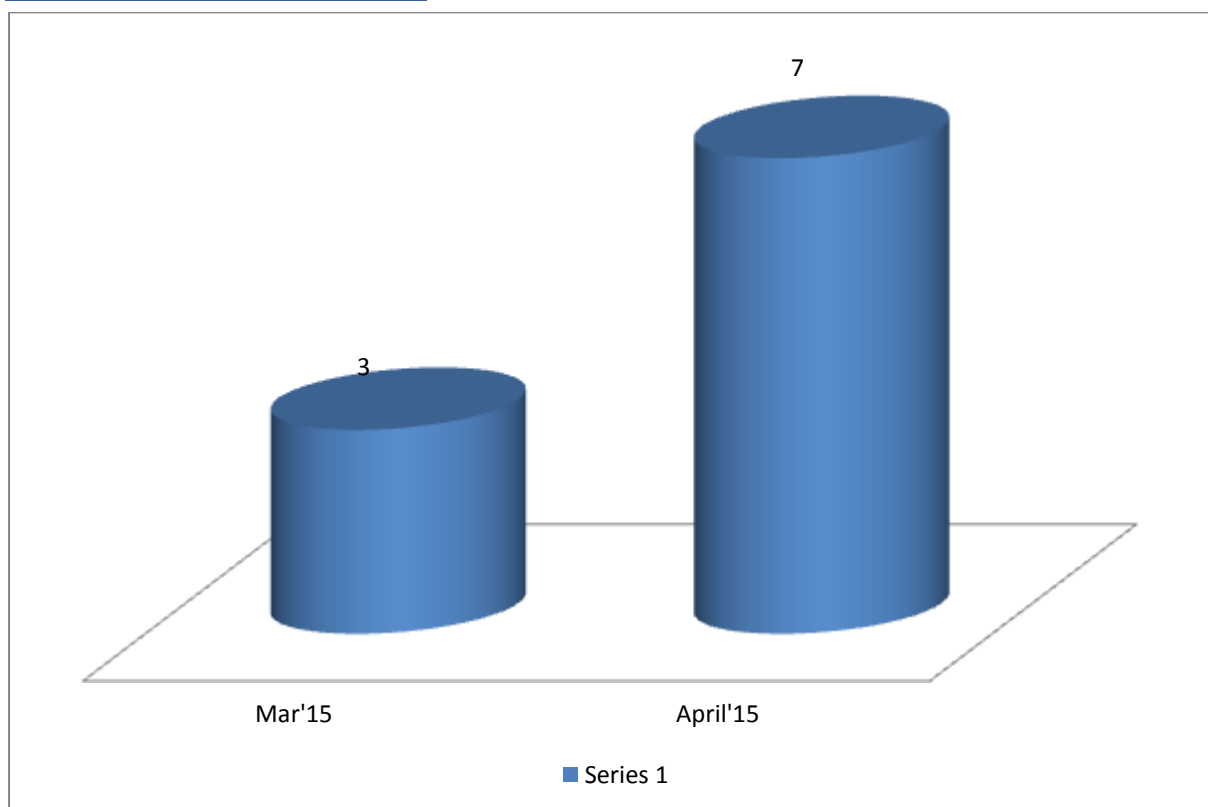
Incidence of Indenting Error



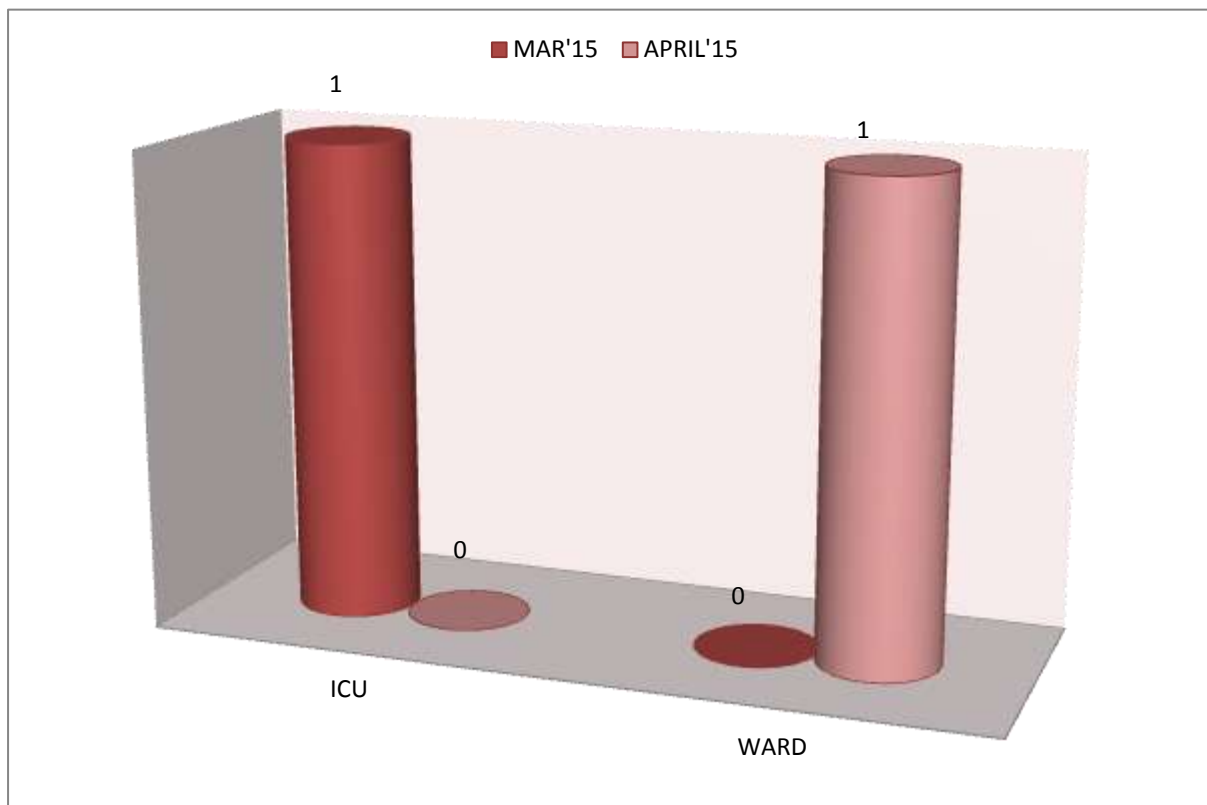
Incidence of Catheter Associated Urinary Tract Infection



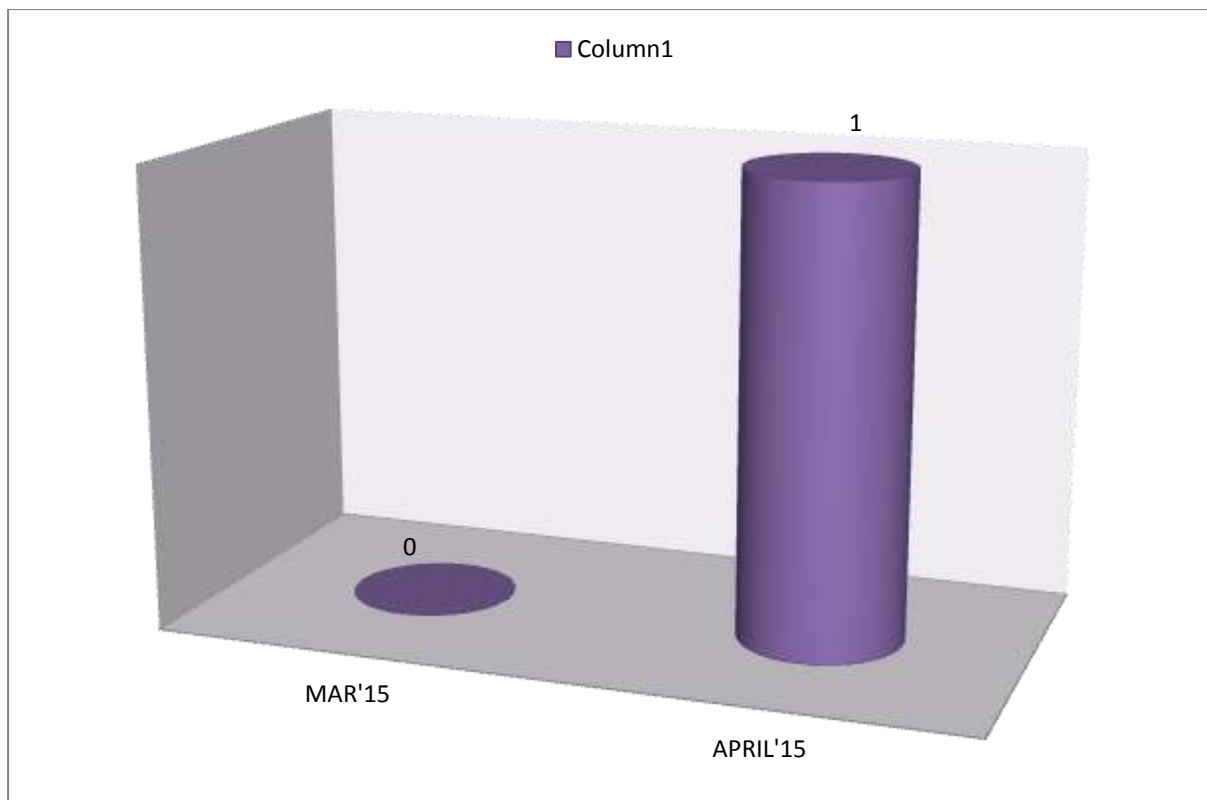
Incidence of Anaemia



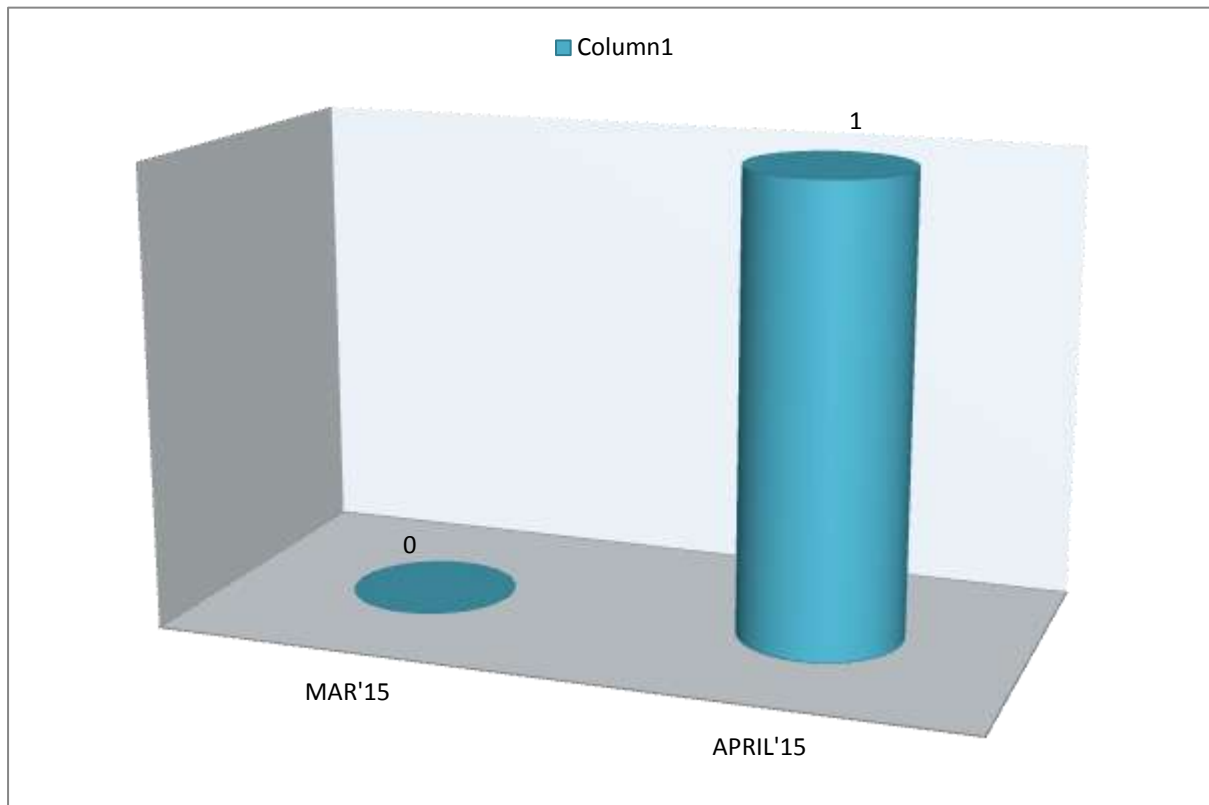
Incidence of ADR



Incidence of Acute GI Bleed



Incidence of IntraCerebral Bleed



From the above data it suggests that there is an awareness and understanding amongst the staff with respect to Patient Safety Parameters. This reflects in the monitoring and documentation of the safety parameters.

Recommendations to Operational Heads

- Continuous Assessing, Training, Monitoring and Mentoring by the patient safety team to the Nursing Incharges and staff on patient safety parameters.
- Atleast once in a week revision of training sessions.
- Making concept of importance of patient safety clear to all concerned is of utmost importance.
- Analysis and assessing Nursing Staff on the importance and implementation of patient safety goals.
- Root cause analysis of occurrence of event in patients and necessary preventive and corrective actions taken for the same
- More involvement of RMO'S for better monitoring of events

Suggestions to Top Management

- ❖ Making people understand in hospital the importance of changed so as to adapt any new concept in a positive way.
- ❖ Involvement of Consultants in monitoring of safety parameters and also guidance to Nursing staff for proper documentation
- ❖ A monthly review meet of all the Nursing Incharges and Consultants with Patient Safety Team regarding the progress and work on necessary measures to be taken to minimize occurrence of any events
- ❖ Adding Patient Safety Goal monitoring as KRA for all concerned and appreciation for people who care and are concerned about it.

Annexure-A Data Collection Sheet

IN HOSPITAL PATIENT SAFETY AND EVENT DATA COLLECTION SHEET

Patient
Label

Mark ☐ in the appropriate box and capture details in remarks section

PATIENT SAFETY PARAMETERS

Parameters		Measurement parameters	Remarks	Sign	Date
Medication safety	☐	Administration errors			
	☐	Indenting errors			
	☐	Prescription errors			
	☐	Transcription errors			
	☐	Dispensing errors			
Health care associated infections	☐	Catheter Associated Urinary Tract Infection			
	☐	Ventilator Associated Pneumonia			
	☐	CLBSI			
	☐	Surgical Site infection			
	☐	New onset of Fever			
Reduce Falls / Sentinel Events	☐	Patient Falls			
	☐	Mishandling of patients resulting in an injury			
Incidence of pressure ulcers	☐	Incidence of pressure ulcers			
Communication of critical results / Tissue damage events	☐	Incidence of Wrong results to wrong patient			
Protocol for preventing Wrong site, Wrong Procedure; Wrong person surgery	☐	Incidence rate of Wrong site			
	☐	Incidence rate of Wrong Procedure			
	☐	Incidence of wrong person surgery			

EVENTS PARAMETERS

Adverse events	☐	Drug reactions			
	☐	Transfusion errors /reactions			
	☐	Re intubation			
	☐	Accidental Removal of tubes & catheters			
Tissue Damage events /Vascular	☐	Hematomas at puncture site			
	☐	Phlebitis			
	☐	Cautery burns			
	☐	Peripheral necrosis?			
	☐	DVT			
Neurological events	☐	Occurance of Stroke during hospital stay			
	☐	New condition of Seizure during hospital stay			
	☐	Intra Cerebral bleed identified			
Generic events	☐	Incidence of Hypoglycemia during hospital stay			

	☐	Incidence of hematuria during hospital stay			
	☐	Anemia /Post operative hemorrhage			
	☐	Post operative wound dehiscence			
	☐	Medical device failure			
	☐	User device interface problem			
Medical device related events	☐	Cautery burn			
Others	☐	Cardiac Arrest in hospital			
	☐	Iotrogenic Pneumothorax			
	☐	New conditon of Acute Renal Failure during hospital stay			
	☐	New Acute GI Bleed			
	☐	Hypo/Hypernatremia			
	☐	Hypo/Hyperkalemia			
	☐	Pulmonary Emoblism during hospital stay			
Signature			Role	Date	

Annexure-B
Preliminary Paper Set

PATIENT SAFETY EXAM 1st set

Q.1----- Refers to interruption of blood supply to a extremity that leads to tissue death.

Q.2 Define deep vein thrombosis.

Q.3 How will you identify an intracerebral bleed?

Q.4 Presence of blood in urine is known as-----

Q.5 Reduction in mass of circulating red blood cells is known as: a) Haematamesis
b) haemaerthrosis c) anaemia d) none of the above

Q.6 -----are injuries to the skin and underlying tissue resulting from prolonged pressure on the skin.

Q.7 What are the identifying parameters of Ventilator associated pneumonia?

Q.8 Hyponatremia is: a) serum Na<135 b) serum Na>140 c) serum Na<145 d) all of the above

Q.9 Rapid onset of Loss of blood from GI Tract is known as acute GI Bleed? a) True b) False

Q.10 When you will say that it's a post operative wound dehiscence?

Q.11 Define Re-intubation.

Q.12 ----- is collection of blood outside blood vessel.

Q.13 A blood clot in the vein that causes inflammation is known as: a) Phlebitis b) Haematoma c) Thrombophlebitis d) all of the above

Q.14 From the following which is an example of accident?

a) Medication error b) Patient falls c) Adverse drug reaction d) none of the above

Q.15 What are the identifying parameters of deep vein thrombosis?

Q.16 Stroke is also known as -----

Q.17 What are the identifying parameters if patient goes in intracerebral bleed?

Q.18 Abrupt loss of cardiac function leads to unconsciousness and cessation of normal breathing may lead to death is known as

a) Angina b) Myocardial infarction c) fever d) cardiac arrest

- Q.19 What are the identifying parameters in cases of acute GI bleed?
- Q.20 Hyperkalemia is: a) serum K^+ >3 b) serum K^+ >4 c) serum K^+ >5 d) serum K^+ >6
- Q.21 What are the identifying parameters if a patient suffers from pulmonary embolism?
- Q.22 Incidence rate of wrong site/wrong procedure/wrong person is categorized under -----
- Q.23 When do you say that it is a new onset of fever?
- Q.24 What is SSI? And how will you identify it?
- Q.25 Itching, rashes, breathing difficulty and hypotension are the identifying parameters of:
a) Cardiac arrest b) Haematoma c) VAP d) Adverse drug reaction
- Q.26 What are the identifying parameters in cases of thrombophlebitis?
- Q.27 Bluish black discoloration is seen in: a) Transfusion reaction b) Haematoma c) Seizure
d) all of the above
- Q.28 What is Iatrogenic Pneumothorax?
- Q.29 Hypernatremia is:
- Q.30 You will record hypoglycemia when the blood sugar goes below-----

PATIENT SAFETY EXAM 2nd set

- Q.1----- Inflammation Of Vein.
- Q.2 Define Re-intubation.
- Q.3 What is Haematoma? Write any two identifying parameters?
- Q.4 Presence of blood in urine is known as
a) Haematemesis b) haemarthrosis c) Haematuria d) none of the above
- Q.5 Reduction in mass of circulating red blood cells is known as-----
- Q.6 ----are injuries to the skin and underlying tissue resulting from prolonged pressure on the skin.
- Q.7 What is CLBSI? Give its identifying parameters.
- Q.8 Hypernatremia is:
a) serum Na^+ <135 b) serum Na^+ >145 c) serum Na^+ <145 d) all of the above

Q.9 Rapid onset of Loss of blood from GI Tract is known as acute GI Bleed? a) True b) False

Q.10 What do you understand by Electrocautery burn? Explain I your own language.

Q.11 A blood clot in deep venous system of leg is known as-----

Q.12 -----is collection of blood outside blood vessel.

Q.13 A blood clot in the vein that causes inflammation is known as:

a) Phlebitis b) Haematoma c) Thrombophlebitis d) all of the above

Q.14 From the following which is an example of error?

a) Medication error b) Patient falls c) Adverse drug reaction d) none of the above

Q.15 What are the identifying parameters of peripheral necrosis?

Q.16 Stroke is also known as -----.

Q.17 What are the identifying parameters if patient goes in intracerebral bleed?

Q.18 A clinical syndrome that results in low blood sugar is known as:

a) Angina b) Hypoglycemia c) VAP d) cardiac arrest

Q.19 What are the identifying parameters in cases of acute GI bleed?

Q.20 Hypokalemia is: a) serum K^+ <3 b) serum K^+ <4 c) serum K^+ <3.5 d) serum K^+ >6

Q.21 What is anaemia? Give any two identifying parameters?

Q.22 Incidence rate of wrong site/wrong procedure/wrong person is categorized under -----

Q.23 How will you identify pressure ulcer?

Q.24 What is CAUTI? Give identifying parameters.

Q.25 Hives and itching, Chills and fever, Skin flushing

a) Cardiac arrest b) Haematoma c) Adverse drug reaction d) Transfusion Reaction

Q.26 What are the identifying parameters in cases of thrombophlebitis?

Q.27 Elevated K and Creatinine is seen in: a) Transfusion reaction b) New Condition of Acute Renal Failure c) Seizure d) Hypokalemia

Q.28 Explain what is User Device Interface Problem in your own language.

Q.29 Accumulation of air in the pleural cavity as a result of cardiac surgical and therapeutic diagnostic related intervention is known as-----

Q.30 We will document hypoglycemia in patient safety documentation sheet when RBS goes below-----.

PATIENT SAFETY EXAM 3rd set

Q.1----- A blood clot in the vein causes the inflammation.

Q.2 What is DVT?

Q.3 What do you understand by new condition of seizure?

Q.4 Bleeding inside brain is known as

a) Haematoma b) Intracerebral Bleed c) GI bleed d) none of the above

Q.5----- refers to re-opening of the surgical incision by its own in view of excessive tension on the incision

Q.6 ----are injuries to the skin and underlying tissue resulting from prolonged pressure on the skin.

Q.7 Rapid onset of Loss of blood from GI Tract: a) Haematoma b) Haemorrhage c) Acute GI Bleed d) All of the above

Q.8 What is CLBSI? Give its identifying parameters.

Q.9 No history of fever during initial assessment, Temperature normal in initial evaluation, Fever identified in the hospital are the identified parameters of:

a) CLBSI b) VAP c) New onset of Fever d) none of the above

Q.9 Define VAP

Q.10 What are the types of error that comes in medication error? Explain any 1?

Q.11 ----- is any unexpected or dangerous reaction to a drug.

Q.12 ----- refers to an unplanned descent to the floor (or extension of the floor) with or without injury to the patient.

Q.13 Give any two identifying parameters of thrombophlebitis and also the key triggering points?

Q.14 From the following which is an example of deviation?

- a) Medication error b) Patient falls c) Haematoma d) none of the above
- Q.15 What are the identifying parameters of peripheral necrosis?
- Q.16 Stroke is also known as -----.
- Q.17 What are the identifying parameters of pulmonary embolism?
- Q.18 A clinical syndrome that results in low blood sugar is known as:
- a) Angina b) Hypoglycemia c) VAP d) cardiac arrest
- Q.19 What are the identifying parameters in cases of Intracerebral Bleed?
- Q.20 Hypokalemia is: a) serum K^+ <3 b) serum K^+ <4 c) serum K^+ <3.5 d) serum K^+ >6
- Q.21 What is anaemia? Give any two identifying parameters?
- Q.22 Incidence rate of wrong site/wrong procedure/wrong person is categorized under -----
- Q.23 What do you understand by New Condition of Acute Renal Failure?
- Q.24. Suprapubic tenderness and Positive urine culture are identifying parameters of-----

- Q.25 Hives and itching, Chills and fever, Skin flushing is seen in:
- a) Cardiac arrest b) Haematoma c) GI Bleed d) Transfusion Reaction
- Q.26 What are the identifying parameters in cases of Haematoma?
- Q.27 If BP apparatus is not working then it is known as
- a) Cautery Burn b) User Device Interface Problem c) Medical Device Failure d) None of the above
- Q.28 What is Hypernatremia? Give any 1 identifying parameter?
- Q.29 When Pneumothorax occurs because of Lung Biopsy Then it is known as -----
- Q.30 We will document hypokalemia in patient safety documentation sheet when serum K^+ goes below-----.

PATIENT SAFETY EXAM 4th set

- Q.1----- is a collection of blood outside blood vessel.
- Q.2 What is Phlebitis?
- Q.3 Re-intubation is patient requiring intubation within -----hours after-----

Q.4 We will say that its Accidental removal of catheters and tubes if it is removed by

a) Patient only b)primary care provider only c)physician and primary care provider d) none of the above

Q.5----- refers blood clot in deep venous system of leg.

Q. What is stroke? And why does it occur?

Q.7 Rapid onset of Loss of blood from GI Tract: a) Haematoma b) Haemorrhage c) Acute GI Bleed d) All of the above

Q.8 Write identifying parameters of new condition of seizure?

Q.9 No history of fever during initial assessment, Temperature normal in initial evaluation, Fever identified in the hospital are the identified parameters of:

a) CLBSI b) VAP c)New onset of Fever d) none of the above

Q.10 Presence of blood in urine is known as haematoma. A) True b) False

Q.11 What do you understand by Prescription Error?

Q.12 Elevated Serum K and Creatinine are identifying parameters of -----

Q.13 ----- refers to an unplanned descent to the floor (or extension of the floor) with or without injury to the patient.

Q.14 Give any two identifying parameters of thrombophlebitis and also the key triggering points?

Q.15 From the following which is an example of error?

a)Medication error b) Patient falls c)Haematoma d) none of the above

Q.16 What are the identifying parameters of VAP?

Q.17 Sudden onset of chest pain is a feature of -----

Q.18 What are the identifying parameters of Transfusion Reaction?

Q.19 A clinical syndrome that results in low blood sugar is known as:

a) Angina b) Hypoglycemia c)VAP d) cardiac arrest

Q.20 What are the identifying parameters in cases of acute GI bleed?

Q.21 Increase in WBC Count occurs in-----

Q.22 What is anaemia? Give any two identifying parameters?

Q.23 Incidence rate of wrong site/wrong procedure/wrong person is categorized under -----

Q.24 What are the identifying parameters of CLBSI?

Q.25 Suprapubic tenderness and Positive urine culture are identifying parameters of-----

Q.26 What is SSI and What is CAUTI?

Q.27 What is Hypokalemia and write its identifying parameters?

Q.28 If BP apparatus is not working then it is known as

a) Cautery Burn b) User Device Interface Problem c) Medical Device Failure d) None of the above

Q.29 What is post operative wound dehiscence?

Q.30 When Pneumothorax occurs because of Thoracocentesis Then it is known as -----

Annexure-C

Final Exam Set

Patient Safety Questionnaire 2015

1

Unit:_____

Name _____ **of**

Nurse:_____

Employee

Code:_____

Nursing _____ **Station**

Date _____ **of**

Examination:_____

Marks

Obtained_____

Instructions to the candidate:

1. All questions are compulsory

2. The questions are namely four types

a. Tick any one option

b. Fill in the blank

c. Short Note

d. Complete the abbreviations

3. Please Circle/Tick the options

4. Do not over write the options

5. The answer to the questions are to be provided In the space provided in the question paper itself

1. D dimer testing is of clinical use when there is a suspicion of

- a) VAP
- b) CAP
- c) SVT
- d) DVT
- e) None of the above
- f) All of the above

2. Bed sore is caused by

- a) Sustained pressure
- b) Friction
- c) Shear
- d) All of the above
- e) Only 'a' and 'b'

3. A Central line is placed in a patient on May 30th. On June 3, the central line is removed and on June 5 patient spikes a fever of 39 degree Celsius. Two blood culture sets collected on June 6 are positive for S.epidermidis then the infection is

- a) CLABSI
- b) VAP
- c) CAUTI
- d) BSI
- e) None of the above.

4. During cardiac arrest, recommended chest compressions as per 2010 CPR guidelines

- a) At a rate of at least 100/min
- b) At a rate of about 100/min
- c) At a rate of 75 to 100/min
- d) None of the above

5. All sentinel events occur because of an error and not all errors result in sentinel events.

- a) Statement a and b are true
- b) Statement a is true and statement b is false
- c) Statement b is true and statement a is false
- d) Statement a and b are false

6. VAP & CAP are nosocomial infection

- a) True
- b) False

7. Serum sodium level of less than 135 mEq/L indicates

- a) Hypernatremia
- b) Hypokalemia
- c) Hyperkalemia
- d) Hyponatremia

8. An embolus is a blood clot that has loosened from its attachment and travels via bloodstream.

- a) True
- b) False

9. Please provide minimum of two trigger points to identify the incidence of Hospital acquired infections during the hospital Stay ?

10. What is a typical set of symptoms of hypoglycemia?

- a) Headache, weakness, dizziness, trembling, hunger
- b) Acne, hyperactivity, cough, heartburn
- c) Loss of weight, thirst, frequent urination, numbness
- d) Itchy skin, purple nail beds, hair loss, brittle nails

11. Which of the following is a neurological event?

- a) Stroke
- b) Bedsore
- c) MI
- d) Anemia

12. Site for peripheral intravenous infusion is?

- a) Femoral vein
- b) Jugular vein
- c) Subclavian vein
- d) Cephalic vein

13. Patient who has undergone surgery is having fever, redness, pus and drainage from the surgical site must be likely to have:

- a) SSI
- b) VAP
- c) CAUTI
- d) None of the above

14. Pressure ulcers are categorized as

- a) Acute wounds.
- b) Chronic wounds.
- c) Partial-thickness wounds

Patient Safety Questionnaire 2015

4

15. Removal of cannula is recommended in our organization within:

- a) 48 hrs.
- b) 72 hrs.
- c) 96 hrs.
- d) 5 days

16. An unexpected or dangerous reaction to a drug caused by administration of right drug/ right dosage is:

- a) Adverse Drug Reaction
- b) Medication error
- c) Both
- d) None

17. Patient with catheter having fever, burning micturation, lower abdomen pain is most likely to have:

- a) CAUTI
- b) CLABSI
- c) BSI
- d) VAP

18. Identifying patient correctly involves

- a) Using at least two ways to identify patients such as name, date of birth/IP no.
- b) Using at least two ways to identify patients such as bed no, consultants name.
- c) Using any one way to identify patients such as name or bed no only.
- d) None of the above.

19. Hives and itching, Chills and fever, skin flushing is usually associated with

- a) Anemia
- b) Transfusion reaction
- c) Hypokalemia
- d) All of the Above
- e) None of the above

20. Which of the following is not a hospital acquired infection?

- a) HAP
- b) VAP
- c) CLABSI
- d) CAP

21. Which of the following blood sugar level suggests hypoglycemia:

- a) 40 mg/dl
- b) 100 mg/dl
- c) 200 mg/dl
- d) All of the above

22. What are the Patient safety goals?

23. You are at risk of developing DVT/ PT if you are:

- a) Obese
- b) Had recent Surgery
- c) A regular smoker
- d) All of the above

24. Waterloo Scale is used in the assessment of

25. Phlebitis in hospital is usually caused by*

- a) Dwell Time of Cannula
- b) High end antibiotics
- c) Ionotropic drugs
- d) All the above

26. Bluish Brown discoloration associated with covert bleeding in subcutaneous tissue usually is a sign of

- a) Thrombo-Phlebitis
- b) Phlebitis
- c) Hematoma
- d) Bedsore

27. Full Form of CVA is

28. Grade IV Bedsore involves

- a) Skin
- b) Bone
- c) Subcutaneous Tissue
- d) Muscle

29. Name any four healthcare associated infections?

Answer

6

30. You are in the OPD where a person who was standing collapses, and is not breathing. You immediately send a person to announce Code Blue and arrange for a defibrillator. As the person is not responding and does not appear to be breathing normally, you should:

- a) Start compressions at the rate of at least 100 compressions per minute
- b) Do nothing till defibrillator arrives
- c) Deliver 2 Breaths followed by 15 compressions
- d) Open airway, deliver 4 breaths and wait for the arrival of a defibrillator

Patient Safety Questionnaire 2015

1

Unit: _____

Name _____ **of**

Nurse: _____

Employee

Code: _____

Nursing _____ **Station**

Date _____ **of**

Examination: _____

Marks

Obtained _____

Instructions to the candidate:

1. All questions are compulsory
2. The questions are namely four types
 - a. Tick any one option
 - b. Fill in the blank
 - c. Short Note
 - d. Complete the abbreviations
3. Please Circle/Tick the options
4. Do not over write the options
5. The answer to the questions are to be provided In the space provided in the question paper itself
6. All question papers to be returned to the invigilator after the examination
7. The duration of the examination is 45 minutes

1. Hypoglycemia can be seen only in diabetic patients:

- a) True
- b) False

2. Prolonged hypoglycemia can result in permanent brain damage:

- a) True
- b) False

3. What are the Patient safety goals?

4. Improving effective communication means:

- a) Communicating important/critical results to the right staff at right time.
- b) Documenting time, date and names of individuals notified about critical values.
- c) Communicating politely.
- d) None of the above.

5. Hives and itching, Chills and fever, skin flushing is usually associated with

- a) Anemia
- b) Transfusion reaction
- c) Hypokalemia
- d) All of the Above
- e) None of the above

6. Patient with catheter having fever, burning micturation, lower abdomen pain is most likely to have:

- a) CAUTI
- b) CLABSi
- c) BSI
- d) VAP

7. A good way to assess your patient's pressure ulcer risk is to use

- a) The Braden Scale or Waterloo scale for Predicting Pressure Sore Risk.
- b) Empirical knowledge derived from your experience with other patients with pressure ulcers.
- c) A review-of-body-systems approach

Patient Safety Questionnaire 2015

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8. Removal of cannula is recommended in our organization within:

- a) 48 hrs.
- b) 72 hrs.
- c) 96 hrs.
- d) 5 days

9. Site for peripheral intravenous infusion is?

- a) Femoral vein
- b) Jugular vein
- c) Subclavian vein
- d) Cephalic vein

10. What is a typical set of symptoms of hypoglycemia?

- a) Headache, weakness, dizziness, trembling, hunger
- b) Acne, hyperactivity, cough, heartburn
- c) Loss of weight, thirst, frequent urination, numbness
- d) Itchy skin, purple nail beds, hair loss, brittle nails

11. Which of the following is a neurological event?

- a) Stroke
- b) Bedsore
- c) MI
- d) Anemia

12. Which of the following is vascular/tissue damage event?

- a) Unstable angina
- b) Hypoglycemia
- c) Phlebitis
- d) All the above

13. Please provide minimum of two trigger points to identify the incidence of hematuria during the hospital Stay

14. Please provide minimum of two trigger points to identify the incidence of Hospital acquired infections during the hospital Stay

Patient

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15. A serum sodium level >145 mEq/L) indicates

- a) Hyponatremia
- b) Hypernatremia
- c) Hypokalemia
- d) Hyperkalemia

16. Serum sodium levels of less than 135 mEq/L indicates

- a) Hypernatremia
- b) Hypokalemia
- c) Hyperkalemia
- d) Hyponatremia

17. An embolus is a blood clot that has loosened from its attachment and travels via bloodstream.

- a) True
- b) False

18. Varicose veins are a common cause of superficial thrombophlebitis

- a) True
- b) False

19. VAP & CAP are nosocomial infection

- a) True
- b) False

20. AKI and TRALI are known transfusion reactions(a) and They can be identified by hives and itching, chills and fever and skin flushing(b)

- a) Statement a and b are true
- b) Statement a is true and statement b is false
- c) Statement b is true and statement a is false
- d) Statement a and b are false

21. During cardiac arrest, recommended chest compressions as per 2010 CPR guidelines

- a) At a rate of at least 100/min
- b) At a rate of about 100/min
- c) At a rate of 75 to 100/min
- d) None of the above

22. (a.)All sentinel events occur because of an error and (b)not all errors result in sentinel events.

- a) Statement a and b are true
- b) Statement a is true and statement b is false
- c) Statement b is true and statement a is false
- d) Statement a and b are false

23. The event does not reach the patient the error caught by a detection barrier or by chance

- a) Serious safety event
- b) Sentinel event
- c) Near miss safety event
- d) Root cause event
- e) None of the above

24. D dimer testing is of clinical use when there is a suspicion of

- a) VAP
- b) CAP
- c) SVT
- d) DVT
- e) None of the above
- f) All of the above

25. Bedsore is caused by

- a) Sustained pressure
- b) Friction
- c) Shear
- d) All of the above
- e) Only 'a' and 'b'

26. Define two examples for “ Errors, Deviation and Accidents” for each of them

Errors:_____

Deviation:_____

Accident:_____

27. A patient is scheduled for a CPR and defibrillator used is not working as per the requirements, what type of patient safety event is this?

28. How do you identify Iatrogenic Pneumothorax?

- a) Previous interventions done during the current hospital stay
- b) Tachypnea
- c) Drop in Oxygen saturation
- d) All of the above
- e) Any one of the above

Patient Safety Questionnaire 2015

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29. What are the key trigger points to identify peripheral necrosis

- a) Cool peripheries
- b) Patchy discoloration of skin
- c) Redness of skin
- d) Cyanosis
- e) None of the above
- f) All of the above except e

30. Define the parameters to identify deep vein thrombosis

- a. _____
- b. _____

Patient Safety Questionnaire 2015

1

Unit: _____

Name _____ **of**

Nurse: _____

Employee

Code: _____

Nursing _____ **Station**

Date _____ **of**

Examination: _____

Marks
Obtained _____

Instructions to the candidate:

1. All questions are compulsory
2. The questions are namely four types
 - a. Tick any one option
 - b. Fill in the blank
 - c. Short Note
 - d. Complete the abbreviations
3. Please Circle/Tick the options
4. Do not over write the options
5. The answer to the questions are to be provided In the space provided in the question paper itself
6. All question papers to be returned to the invigilator after the examination
7. The duration of the examination is 45 minutes

1. Phlebitis inhospital is usually caused by*

- a) Dwell Time of Cannula
- b) High end antibiotics
- c) Ionotropic drugs
- d) All the above

2. Primary Treatment of Phlebitis is by:

- a) Stop infusion
- b) Remove Cannula
- c) Anti-Inflammatory Cream
- d) Limb elevation
- e) All the above

3. Pressure ulcers are categorized as:

- a) Acute wounds
- b) Chronic wounds
- c) Partial Thickness wounds
- d) None of the above

4. Signs and Symptoms of DVT can include:

- a) Redness, Warmth, tenderness and swelling
- b) Shortness of breath, chest pain, coughing blood
- c) Muscle spasm, vertigo, ringing ears
- d) All of the above

5. Pulmonary Embolism can lead to:

- a) Sudden Death
- b) TB
- c) ACS
- d) High BP

6. Which of the following blood sugar level suggests hypoglycemia:

- a) 40 mg/dl
- b) 100 mg/dl
- c) 200 mg/dl
- d) All of the above

7. Hypoglycemia can be seen only in diabetic patients:

- a) True
- b) False

8. Which of the following is not a hospital acquired infection?

- a) HAP
- b) VAP
- c) CLABSI
- d) CAP

9. Improving effective communication means:

- a) Communicating important/critical results to the right staff at right time.
- b) Documenting time, date and names of individuals notified about critical values.
- c) Communicating politely.
- d) None of the above.

10. Identifying patient correctly involves

- a) Using at least two ways to identify patients such as name, date of birth/IP no.
- b) Using at least two ways to identify patients such as bed no, consultants name.
- c) Using any one way to identify patients such as name or bed no only.
- d) None of the above.

11. Hives and itching, Chills and fever, skin flushing is usually associated with

- a) Anemia
- b) Transfusion reaction
- c) Hypokalemia
- d) All of the Above
- e) None of the above

12. An unexpected or dangerous reaction to a drug caused by administration of right drug/ right dosage is:

- a) Adverse Drug Reaction
- b) Medication error
- c) Both
- d) None

13. Removal of cannula is recommended in our organization within:

- a) 48 hrs.
- b) 72 hrs.
- c) 96 hrs.
- d) 5 days

14. Site for peripheral intravenous infusion is?

- a) Femoral vein

- b) Jugular vein
- c) Subclavian vein
- d) Cephalic vein

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- d) Itchy skin, purple nail beds, hair loss, brittle nails

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- c) MI
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- b) Hypoglycemia
- c) Phlebitis
- d) All the above

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19. Please provide minimum of two trigger points to identify the incidence of Hospital acquired infections during the hospital stay

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- a) Hyponatremia
- b) Hypernatremia
- c) Hypokalemia
- d) Hyperkalemia

21. An embolus is a blood clot that has loosened from its attachment and travels via bloodstream.

- a) True

Patient Safety Questionnaire 2015

b) False

22. Varicose veins are a common cause of superficial thrombophlebitis

a) True

b) False

23. VAP & CAP are nosocomial infections

a) True

b) False

24. AKI and TRALI are known transfusion reactions (a) and they can be identified by hives and itching, chills and fever and skin flushing (b)

a) Statement a and b are true

b) Statement a is true and statement b is false

c) Statement b is true and statement a is false

d) Statement a and b are false

25. During cardiac arrest, recommended chest compressions as per 2010 CPR guidelines

a) At a rate of at least 100/min

b) At a rate of about 100/min

c) At a rate of 75 to 100/min

d) None of the above

26. (a.) All sentinel events occur because of an error and (b.) not all errors result in sentinel events.

a) Statement a and b are true

b) Statement a is true and statement b is false

c) Statement b is true and statement a is false

d) Statement a and b are false

27. The event does not reach the patient; the error caught by a detection barrier or by chance

a) Serious safety event

b) Sentinel event

c) Near miss safety event

d) Root cause event

e) None of the above

28. D-dimer testing is of clinical use when there is a suspicion of

a) VAP

b) CAP

c) SVT

d) DVT

e) None of the above

f) All of the above

29. Bedsores are caused by

- a) Sustained pressure
- b) Friction
- c) Shear
- d) All of the above
- e) Only 'a' and 'b'

30. A Central line is placed in a patient on May 30th. On June 3, the central line is removed and on June 5 patient spikes a fever of 39 degree Celsius. Two blood culture sets collected on June 6 are positive for S.epidermidis then the infection is:

- a) CLABSI
- b) VAP
- c) CAUTI
- d) BSI
- e) None of the above.

Patient Safety Questionnaire 2015

1

Unit: _____

Name _____ **of**

Nurse: _____

Employee

Code: _____

Nursing _____ **Station**

Date _____ **of**

Examination: _____

Marks

Obtained _____

Instructions to the candidate:

1. All questions are compulsory
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 - a. Tick any one option
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 - c. Short Note
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3. Please Circle/Tick the options
4. Do not over write the options
5. The answer to the questions are to be provided In the space provided in the question paper itself
6. All question papers to be returned to the invigilator after the examination
7. The duration of the examination is 45 minutes

1. Serum sodium level of less than 135 mEq/L indicates

- a) Hypernatremia
- b) Hypokalemia
- c) Hyperkalemia
- d) Hyponatremia

2. An embolus is a blood clot that has loosened from its attachment and travels via bloodstream.

- a) True
- b) False

3. Varicose veins are a common cause of superficial thrombophlebitis

- a) True
- b) False

4. VAP & CAP are nosocomial infection

- a) True
- b) False

5. AKI and TRALI are known transfusion reactions(a) and They can be identified by hives and itching, chills and fever and skin flushing(b)

- a) Statement a and b are true
- b) Statement a is true and statement b is false
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6. During cardiac arrest, recommended chest compressions as per 2010 CPR guidelines

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- c) At a rate of 75 to 100/min
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- c) Statement b is true and statement a is false
- d) Statement a and b are false

8. The event does not reach the patient the error caught by a detection barrier or by chance

- a) Serious safety event
- b) Sentinel event
- c) Near miss safety event
- d) Root cause event
- e) None of the above

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3

9. D dimer testing is of clinical use when there is a suspicion of

- a) VAP
- b) CAP
- c) SVT
- d) DVT
- e) None of the above
- f) All of the above

10. Bedsore is caused by

- a) Sustained pressure
- b) Friction
- c) Shear
- d) All of the above
- e) Only 'a' and 'b'

11. A Central line is placed in a patient on May 30th. On June 3, the central line is removed and on June 5 patient spikes a fever of 39 degree Celsius. Two blood culture sets collected on June 6 are positive for S.epidermidis then the infection is

- a) CLABSI
- b) VAP
- c) CAUTI
- d) BSI
- e) None of the above.

12. What are the 4 grades of bedsores?

Answer: _____

13. What are the different grades of Phlebitis?

Answer: _____

14. Grade I Bedsore is

- a) Shallow ulceration of skin
- b) Non blanchable erythema
- c) Exposure of subcutaneous Tissue
- d) Exposure of Muscle

15. Grade III Bedsore involves

- a) Skin
- b) Bone
- c) Subcutaneous Tissue
- d) Muscle

16. Sudden Cardiac Arrest is:

- a) Heart suddenly stops beating
- b) Involves an electrical malfunctioning in heart
- c) Immediate Results in Death
- d) All of the above

17. Patient A develops a cardiac arrest in the ward after a surgical procedure, is this cardiac arrest a patient safety event which needs to be documented in patient safety form along with CPR sheet

- a) It is a patient safety event
- b) It is not a patient safety event
- c) Not applicable

18. Name any four healthcare associated infections?

Answer: _____

19. Which of the following is a neurological event?

- a) Stroke
- b) Phlebitis
- c) Conjunctivitis
- d) None

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20. Bluish Brown discoloration associated with covert bleeding in subcutaneous tissue usually is a sign of

- a) Thrombo-Phlebitis
- b) Phlebitis
- c) Hematoma
- d) Bedsore

21. Full Form of CVA is _____

22. VIP Score is used in the assessment of

23. Waterloo Scale is used in the assessment of

24. Phlebitis inhospital is usually caused by*

- a) Dwell Time of Cannula
- b) High end antibiotics
- c) Inotropic drugs
- d) All the above

25. Primary Treatment of Phlebitis is by:

- a) Stop infusion
- b) Remove Cannula
- c) Anti-Inflammatory Cream
- d) Limb elevation
- e) All the above

26. Pressure ulcers are categorized as:

- a) Acute wounds
- b) Chronic wounds
- c) Partial Thickness wounds
- d) None of the above

Patient Safety Questionnaire 2015

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27. Define the parameters to identify deep vein thrombosis

a. _____

b. _____

c. _____

d. _____

28. What is the recommended compression depth for Infants while delivering CPR ?

Answer: _____(inches)

29. You are in the OPD where a person who was standing collapses, and is not breathing. You immediately send a person to announce Code Blue and arrange for a defibrillator. As the person is not responding and does not appear to be breathing normally , you should:

- a) Start compressions at the rate of atleast 100 compressions per minute
- b) Do nothing till defibrillator arrives
- c) Deliver 2 Breaths followedby 15 compressions
- d) Open airway, deliver 4 breaths and wait for the arrival of a defibrillator

30. Nurse identifies during her surgical wound dressing that two of stitchesare loose, gap between the skin is more than normal, Define the associated patient safety parameter for the same

Annexure-D
TRIAL EXAM ATTENDANCE SHEET with GRADES

Trial Exam Attendance Sheet				
CARE Hospital, Nagpur				
S.no.	Name	Ward	Marks Scored	Grade
1	Priti Rangari	1st ICU	14.5	2.5
2	Kiran Meshram	PICU/NICU	20.5	3.5
3	Bharti Kolte	1stICU	22	3.75
4	Reni Thomas	1st ICU	28.5	4.75
5	Hemalata Patle	5THG.W	27.5	4.5
6	Rasika Lokhande	P/NICU	17.5	3
7	Chaitali Kadu	5thG.W	21.25	3.75
8	Namrata Waghmare	2nd G.W	12.5	2
9	Ujawala Tamgade	5th G.W	8	1.25
10	Smita Jaubandha	1st ICU	18	3
11	Jyoti Bais	N/PICU	19	3.15
12	Pooja Wasmik	3rd GW	18	3
13	Trupti Patil	3RD Deluxe	13.5	2.25
14	Shyny Thomas	1st ICU	27.25	4.65
15	Manjusha Dalal	1ST ICU	14.5	2.5
16	Pratima Khare	2nd GW	27.5	4.5
17	Dorthy Rav	2nd GW	22	3.75
18	Supriya Ughade	2nd GW	27	4.35
19	Rosemary John	2nd GW	21.5	3.75
20	Mable Wankhede	P/NICU	27	4.35
21	Meena Saxena	3rd GW	21	3.5
22	Sanjivni Gote	3rd G.W	21	3.5
23	Rekha Tapase	3rd GW	20.25	3.5
24	Mahima Wilson	CTR	20.5	3.5
25	Gaytri Waghde	CTR	18.5	3.15
26	Megha Mokare	2nd ICU	21	3.5
27	Rajnish Apleus	3rd Deluxe	18.5	3.15
28	Jessy A brahm	2nd Icu	27	4.35
29	Madhuri Thamke	2nd Icu	26.5	4.35
30	Hemlata Tendekar	3rd Deluxe	16.5	2.75
31	Sonu Chawre	2nd ICU	26	4.25
32	Sheetal Shastrakar	CTR	23.5	4
33	Rakesh Raut	1st ICU	10.25	1.75
34	Chetna Meshram	1ST ICU	20	3.25
35	Rebecca Sulue	1ST ICU	13.25	2.15
36	Shubhangi Waghmare	2 nd ICU	11	1.75
37	Priyanka Nayak	5th G.W	19	3.15
38	Pushpa Pimpashree	N/PICU	21	3.5

39	Madhu Hardiya	3re D/W	14.5	2.5
40	Snehal Choudhari	3rd D/W	11.25	2
41	Nilima Bhabhale	2nd ICU	19	3.15
42	Minakshi Mitashe	3re G/W	14	2.25
43	Sheetal Mangrulkar	5th G.W	25.5	4.45
44	Komal Hadke	2nd G/W	24	4
45	Sheetal Bandebuche	3rd G/W	16	2.75
46	Vaishali Tidke	ICN	25.5	4.25
47	Mamta Kamate	5th G.W	13	2.15
48	Meenakshi Tekam	3rd G/W	11	1.85
49	Neeta Nandurkar	Casualty	6.5	1.05
50	Deeksha Tohabare	3rd D/W	21.5	3.75
51	Seema Wasnik	3rd D/W	14.25	2.5
52	Manisha Dudhabade	2nd G/W	2	0.5
53	Swarnmayi Dev	N/PICU	15	2.5
54	Shydia Ahmed	2 nd G/W	2	0.5
55	Amalu Jacob	CTR	11	1.85
56	Kavita Charpe	N/PICU	16	2.75
57	Anupama Kujur	CTR	20	3.25
58	Nimya	CTR	22	3.85
59	Sarita Mehta	5th G.W	14	2.25
60	Rupali Kale	5th G.W	16	2.65
61	Tejswini Lokhande	3rd D/W	15	2.5
62	Mayuri Sukhdeve	3rd D/W	13	2.15
63	Jyoti Uke	N/PICU	16	2.65
64	Gulnaz Sayyed	3rd G/W	23.5	4
65	Sujata Gondan	2nd G/W	12.5	2.05
66	Urmila Ram	5th G.W	8.5	1.35
67	Kiran Sakhare	5th G.W	23	3.85
68	Sangeeta Dhurve	1st ICU	12.5	2.05
69	Nirmala Dhakare	1st ICU	17	2.85
70	Mangla Lakhane	KT	18	3
71	Sheetal Nagrale	2nd ICU	3	0.5
72	Pratibha Manmode	1st ICU	13.5	2.25
73	Pushpalata	2nd ICU	17	2.85
74	Mamta Ghude	1st ICU	22	3.75
75	Manisha Galbale	1st ICU	14	2.35
76	Preeti Luddikar	1st ICU	21	3.5
77	Rekha Mathew	CTR	23	3.85
78	Bhawna Gajbhiye	3rd G/W	12	2
79	Sumedha Sangole	CTR	19	3.15
80	Preeti Gote	3rd G/W	15	2.45
81	Afsari Sheikh	CTR	14	2.25
82	Reshma Naaz	1st ICU	23	3.85

References

- www.who.int/patientsafety
- www.jcaho.org
- .
- [http://www.who.int/patientsafety/newsalert/WHO final.pdf?ua=1](http://www.who.int/patientsafety/newsalert/WHO_final.pdf?ua=1)
- <http://www.who.int/patientsafety/newsalert/issue2/en/>
- www.jointcommissioninternational.org › *Improve with JCI*
- www.oecd.org/health/health-systems/37159833