CARE HOSPITALS
NAGPUR

Patient Safety Goals Implementation & its Assessment

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WHY PATIENT SAFETY

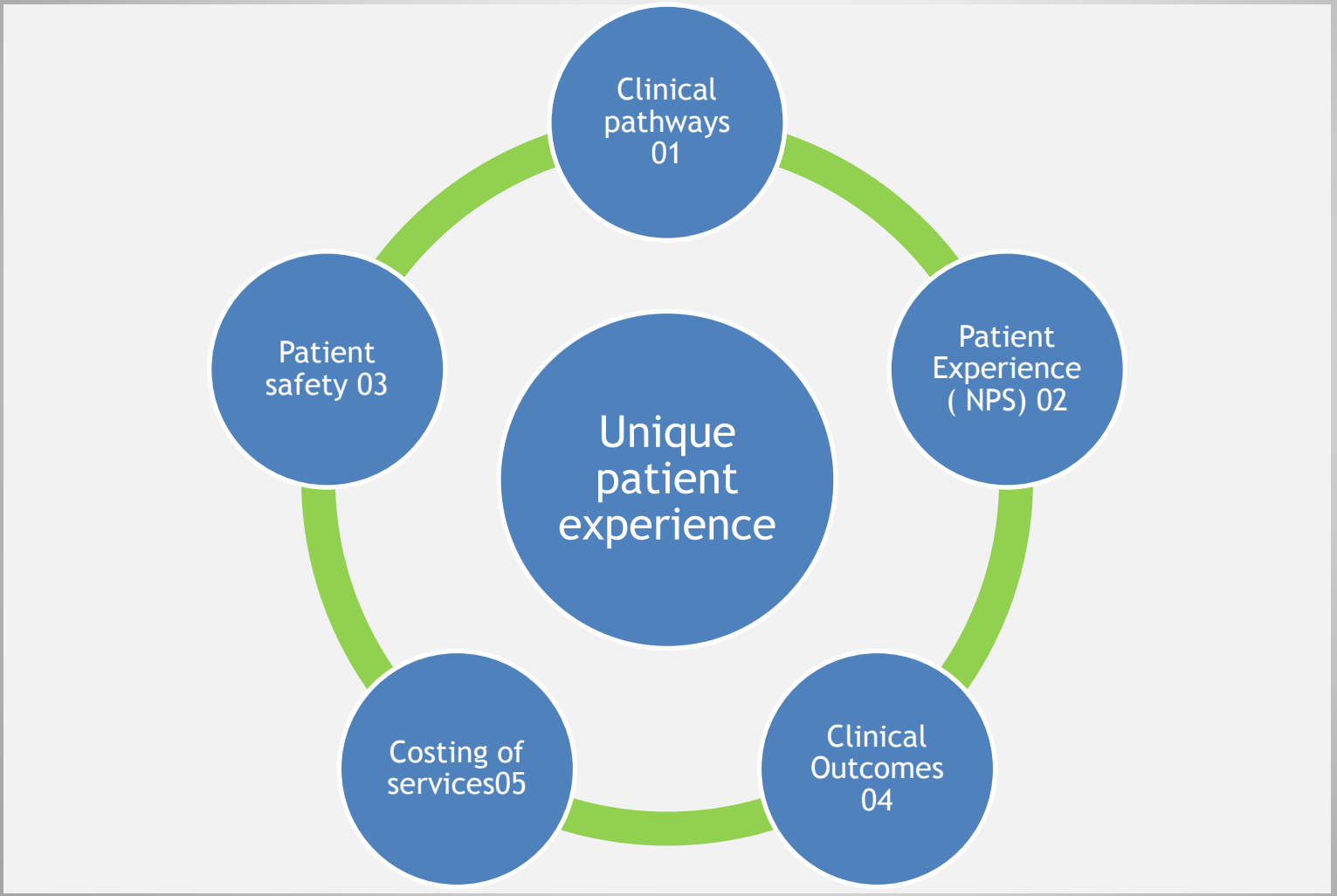
To promote specific improvement in patient safety

To highlight problematic areas in health care and describe evidence and expert base consensus and solutions to these problems

PATIENT SAFETY VOCABULARY

Adverse event	• Injury that results form medical care
Preventable Adverse Event	• Error, could/should not have happened
Potential Adverse Event	• “Near miss” or “close call”

KEY COMPONENTS OF CPR (CARE PROCESS REENGINEERING)



PATIENT SAFETY GOALS

Goals

- Identify patients correctly
- Improve effective communication
- Improve the safety of using medication
- Reduce the risk of health care associated infections
- Ensure correct site, correct procedure, correct patient surgery
- Reduce the risk of patient harm resulting from falls
- Continuous risk assessment to ensure right treatment
- Reduce the incidence of pressure ulcers

- The training material and data collection sheet were developed with respect to the above safety goals

- In data collection sheet the parameters are divided into:

Patient Safety Parameters

Events Parameters

Patient Safety Parameters

- Medication Safety
- Health Care Associated Infections
- Falls/ Sentinel Events
- Incidence of Pressure Ulcers
- Communication of Critical Results
- Protocol to prevent wrong site, wrong procedure, wrong person surgery

Events Parameters

- Adverse Events
- Vascular/ Tissue Damage events
- Neurological Events
- Generic Events
- Medical Device Related Events
- Others

Training Document

- patient safety project\Patient Safety training document.pptx

Training Process

- Training process is divided into **3** Tier process:

1st Tier

- **Patient Safety Team-** To facilitate, educate and train all Nursing In-charges and Staff Nurses

2nd Tier

- **Nursing In-charges-** To train the staff nurses and give them bed side training to identify the parameters.

3rd Tire

- **Staff Nurses-** Identification of parameters, their documentation and reporting.

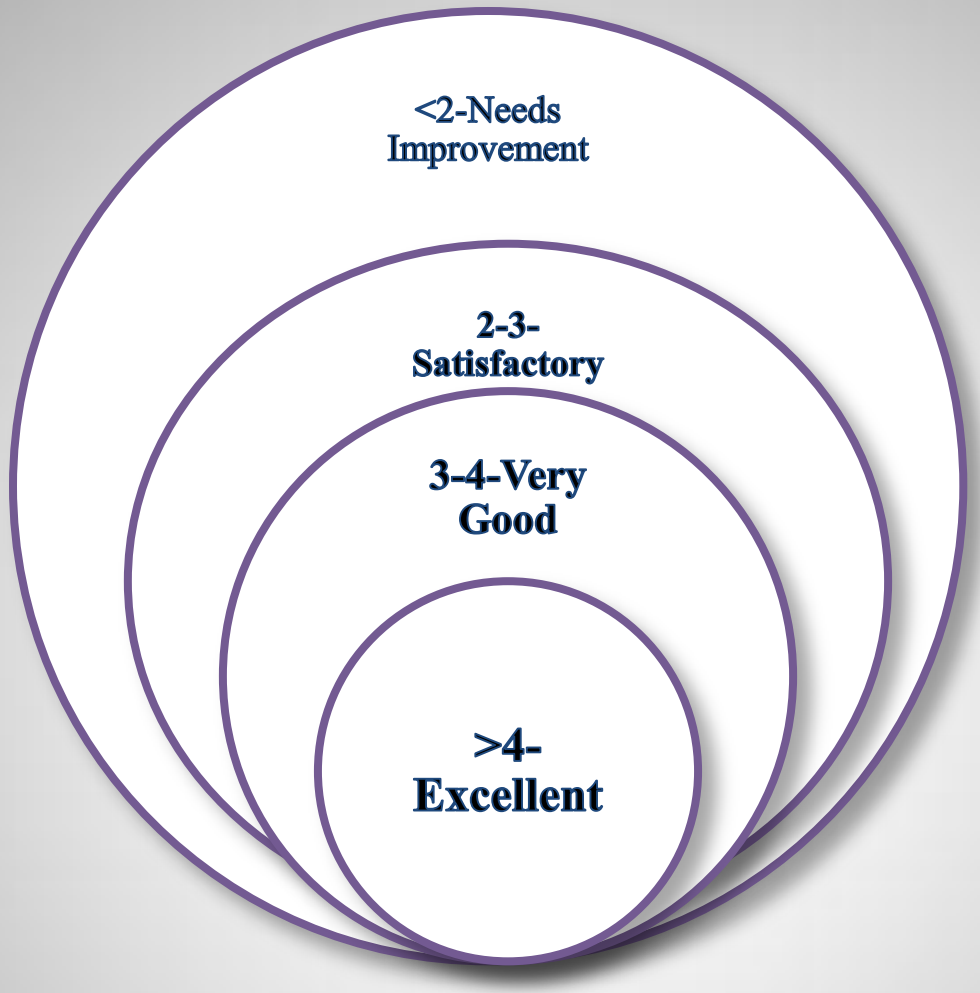
- In Training process it was mandatory for all the Nursing Staff to attend minimum three sessions on the parameters of Patient Safety and Events Management

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

- The written evaluation was in two parts:

PRELIMINARY LEVEL

- A mixed questionnaire was prepared.
- Exam- conducted in 4 shifts (with a different set of Questionnaire.)
- 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:



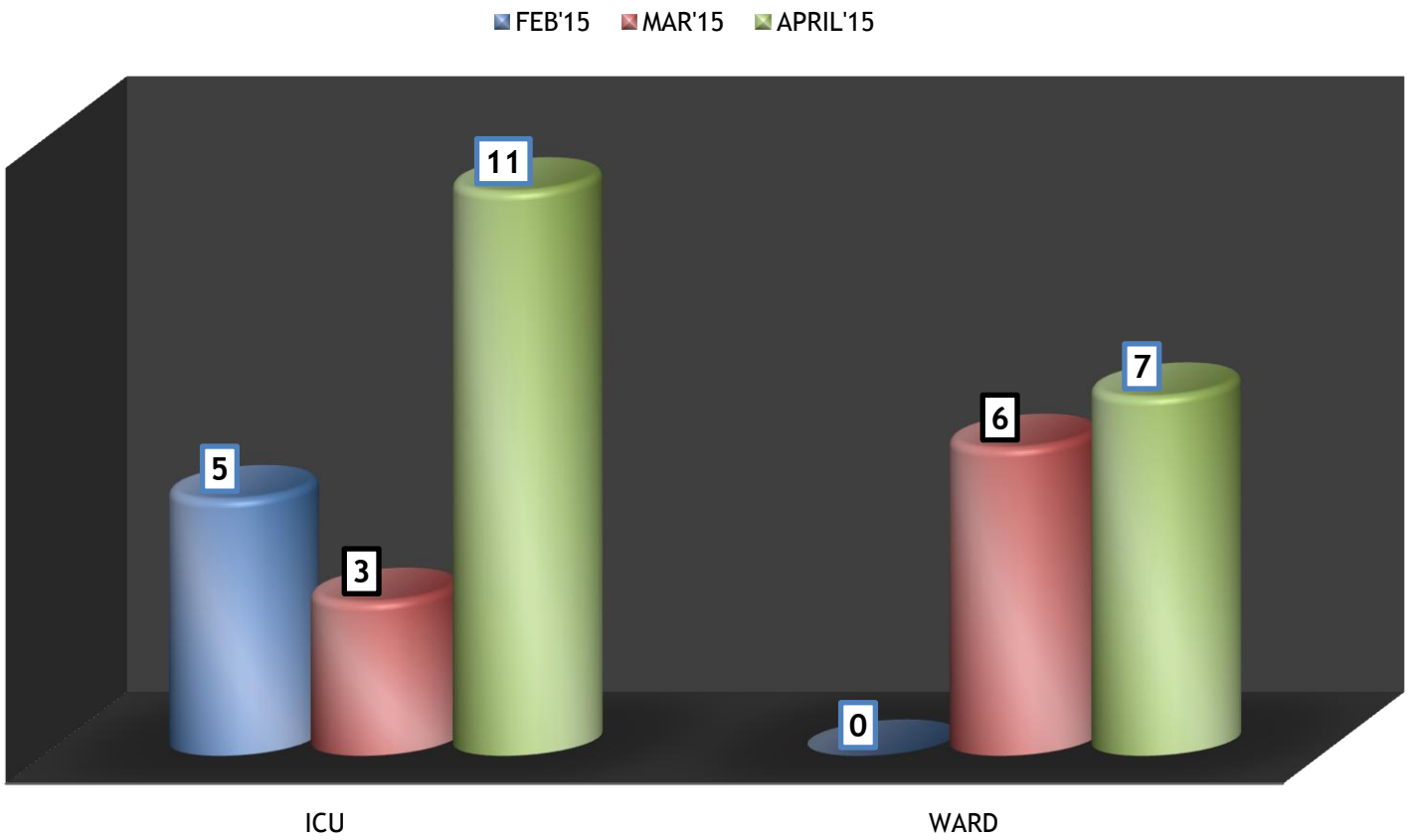
- 1 grade is equivalent to 6 questions, therefore maximum grade is of 5 that is equivalent to 30 questions.

Results of Training

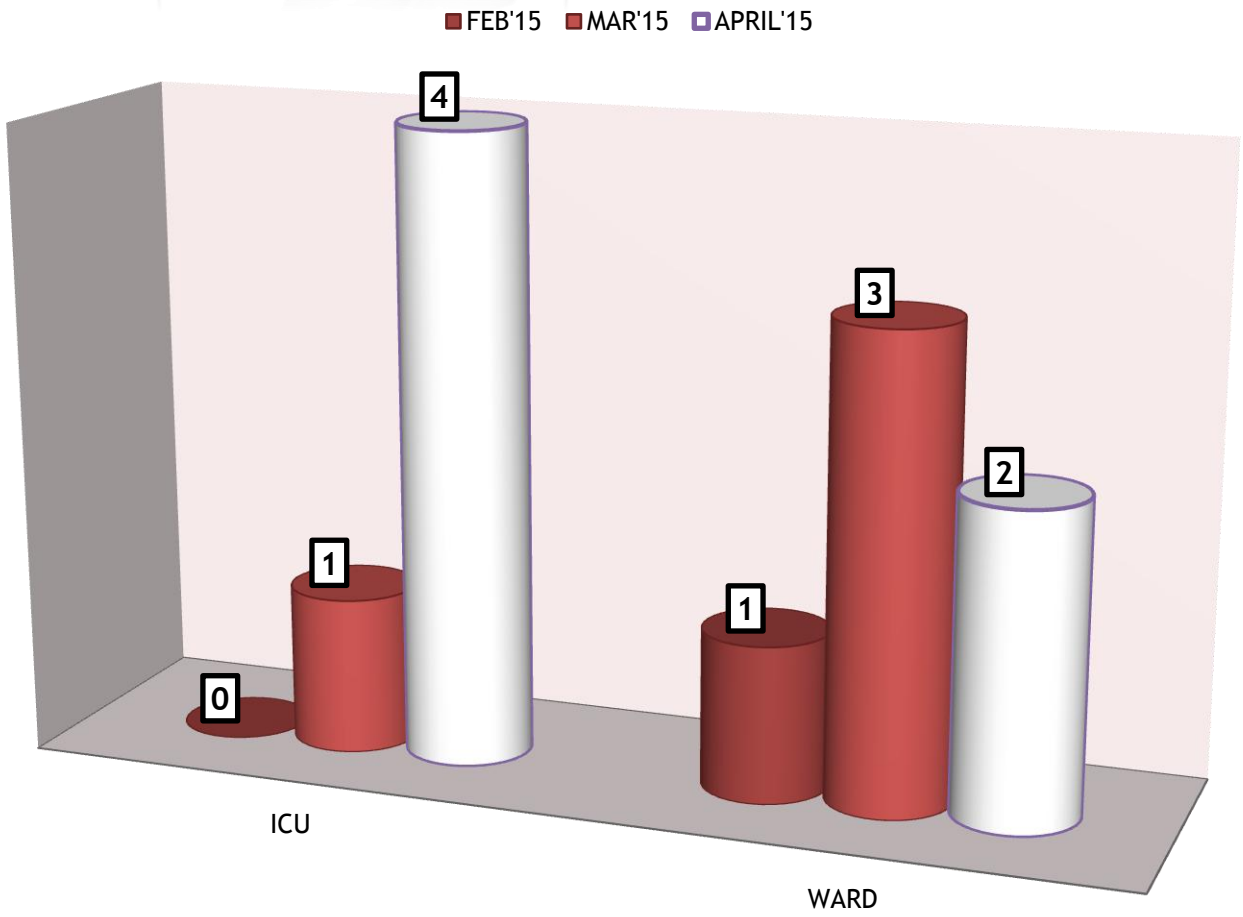
- Increased awareness and understanding about the patient safety parameters amongst the staff
- Successful Implementation in form of recording of these parameters in Inpatients in In-Hospital Patient Safety and Data Collection Sheet
- Improvement in Recording of relevant parameters as compared from February'15-April'15

Few Examples of Recording of Safety Parameters

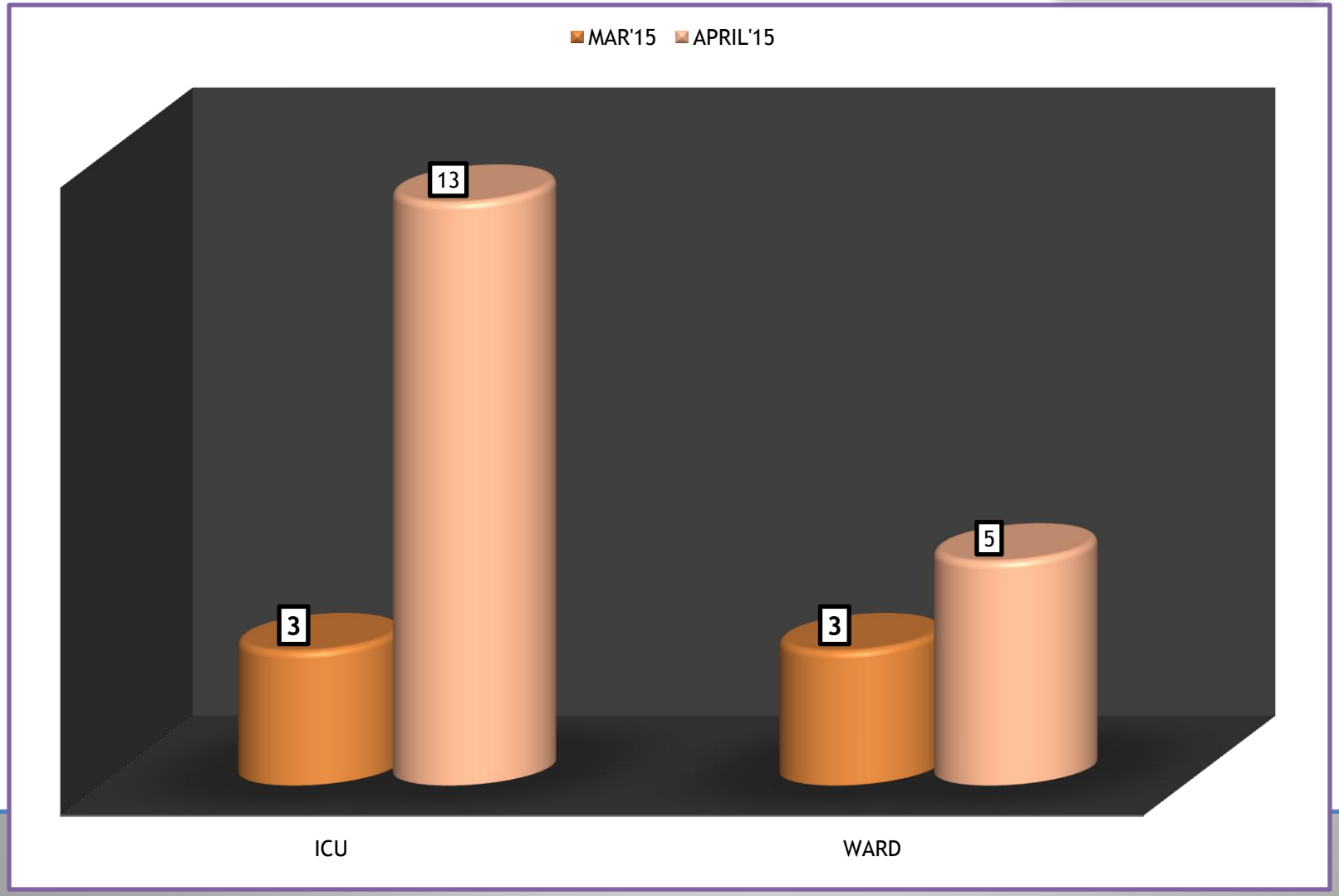
- Incidence of Thrombophlebitis



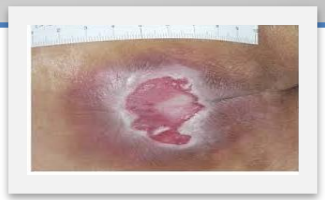
Incidence of Haematoma at puncture site

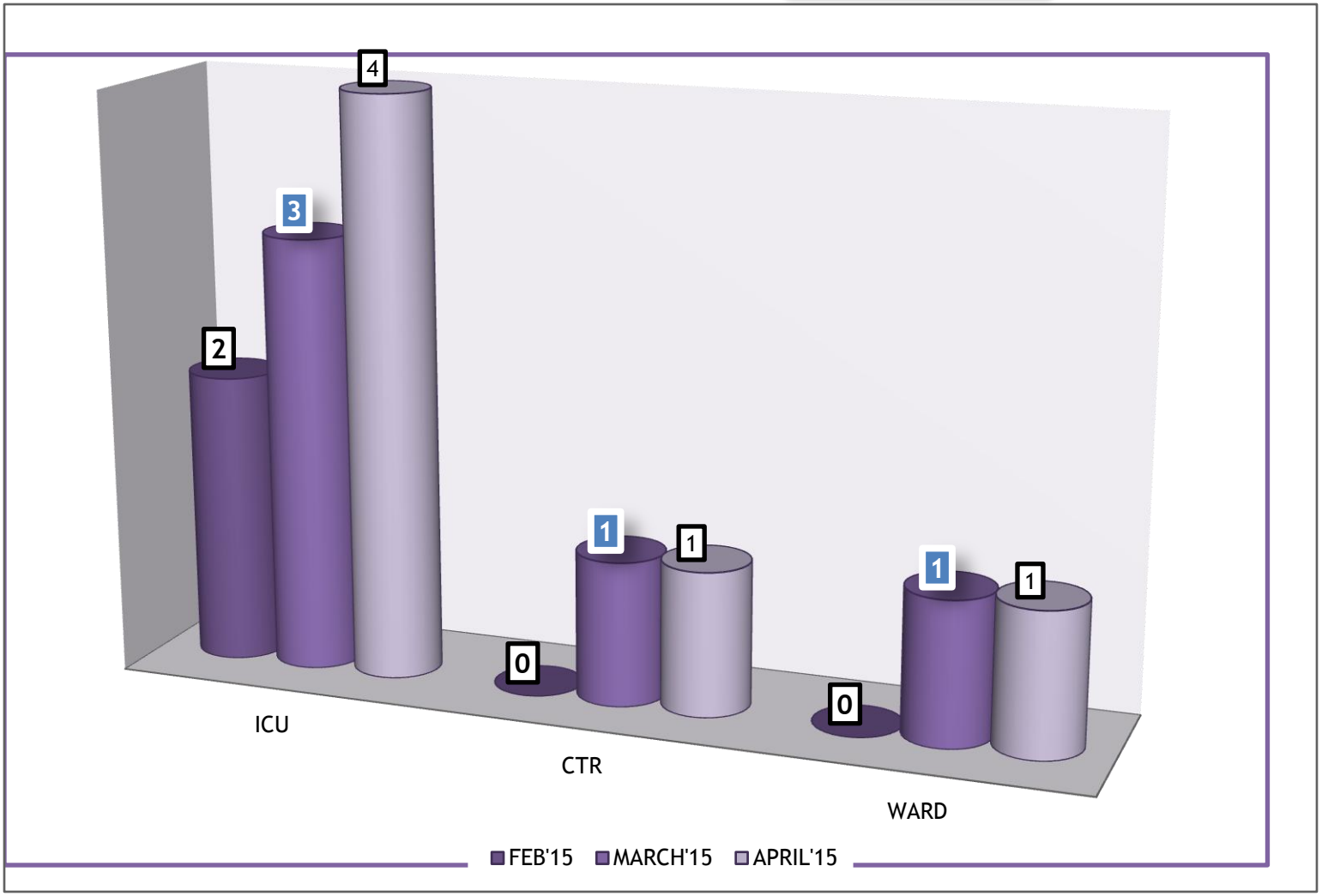


Incidence of New Onset of Fever

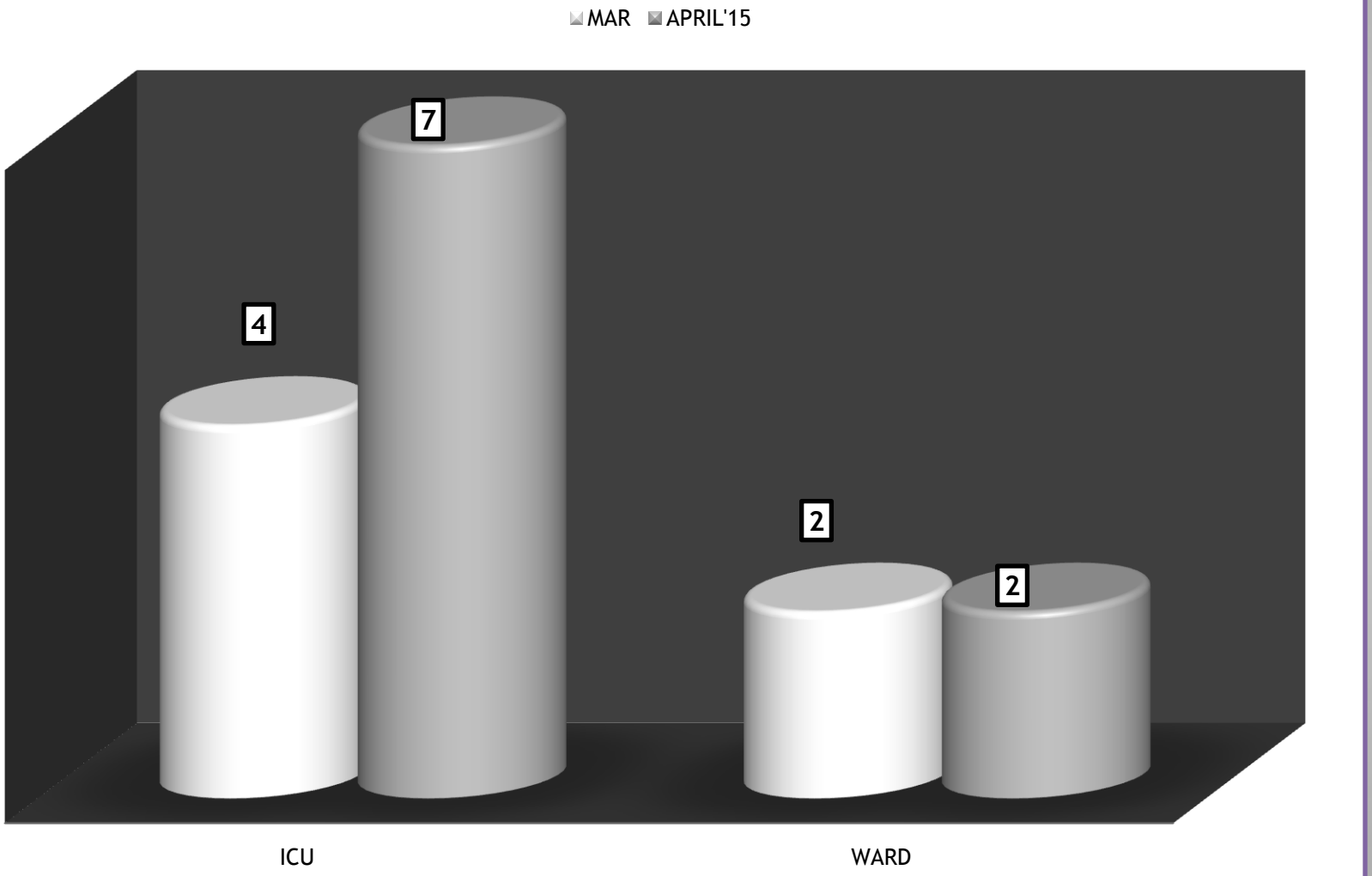


Incidence of Bed Sore

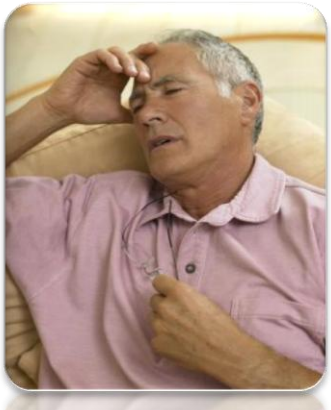


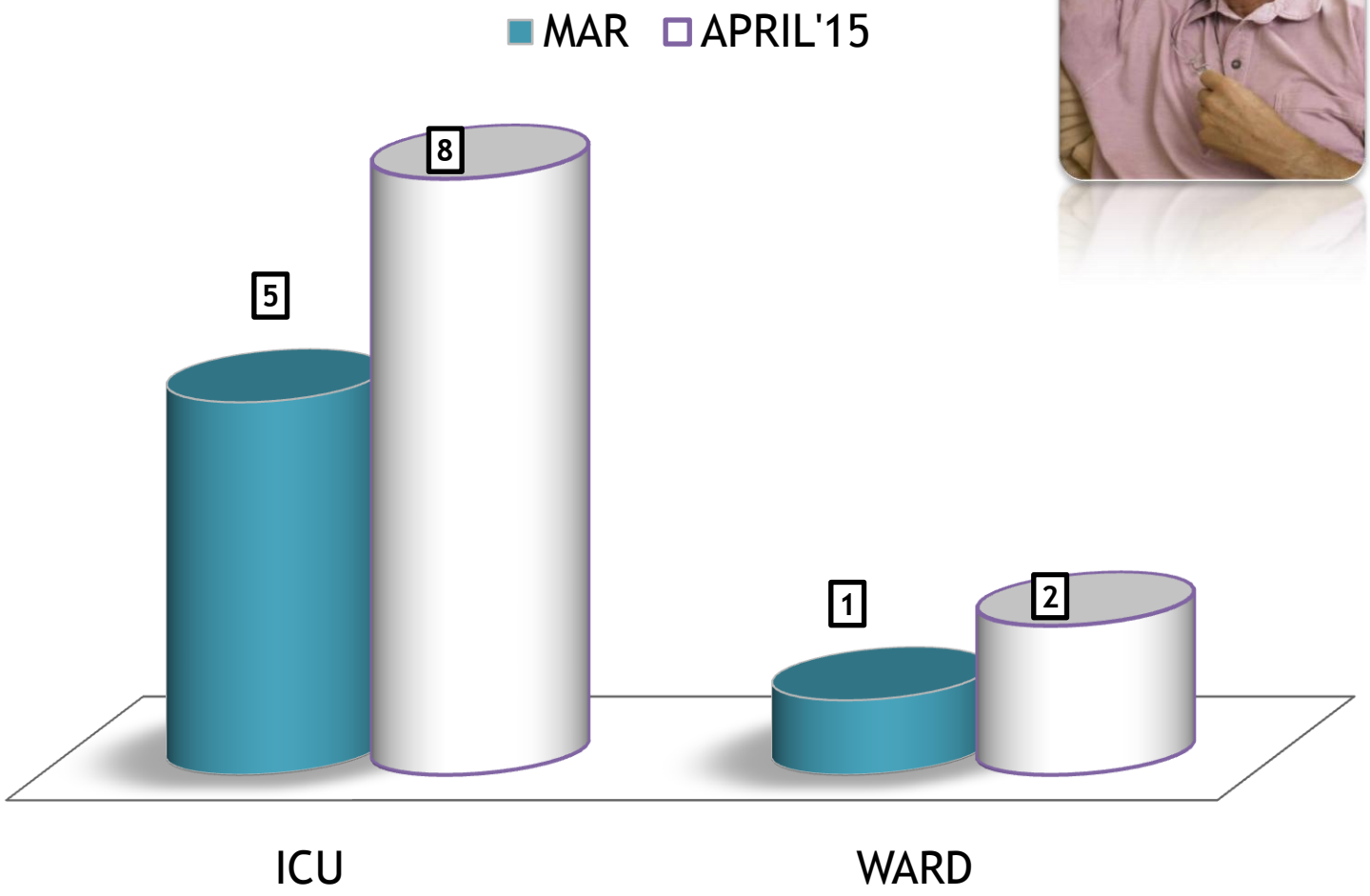


Incidence of Hyponatremia

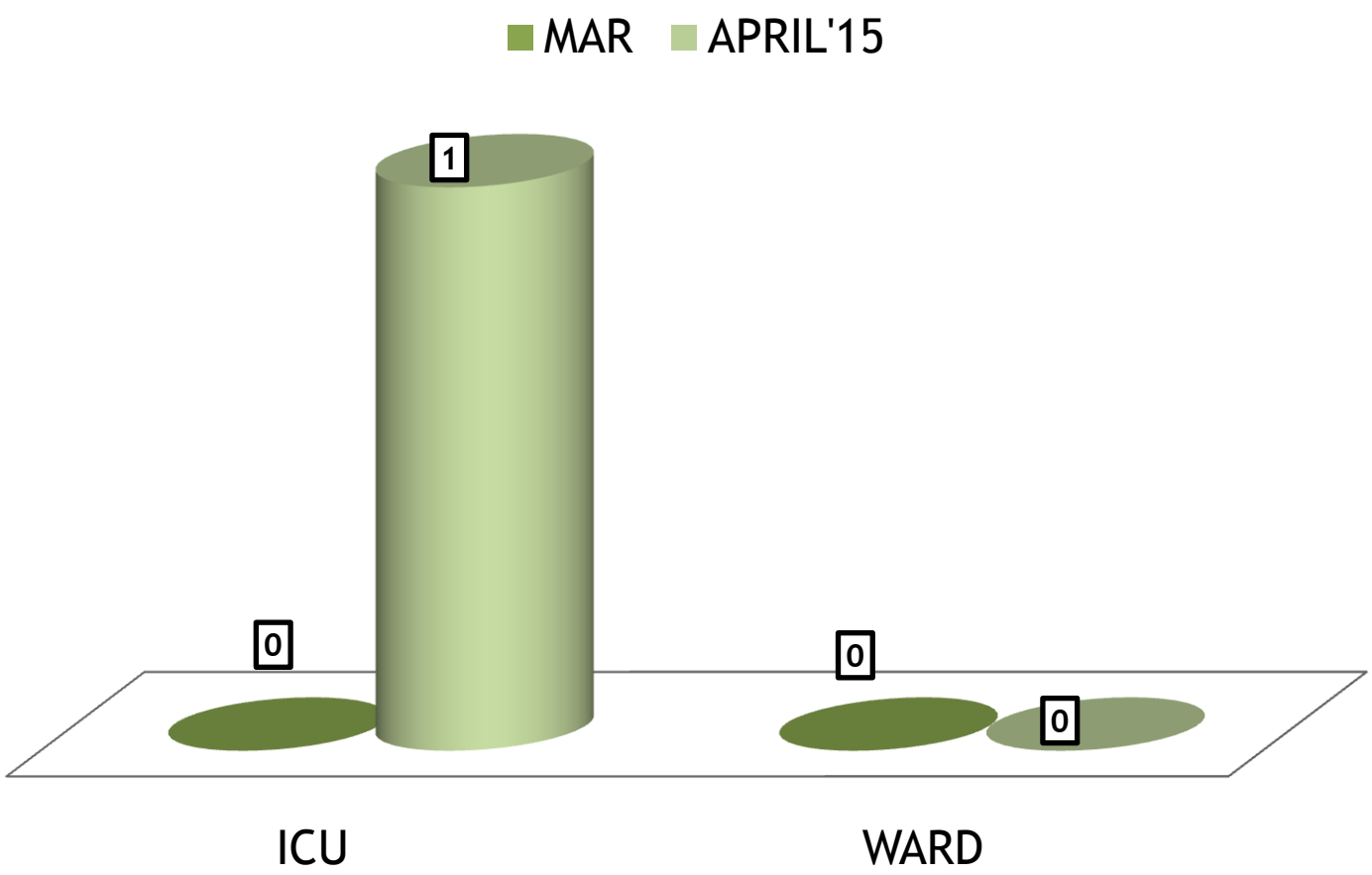


Incidence of Hypoglycemia

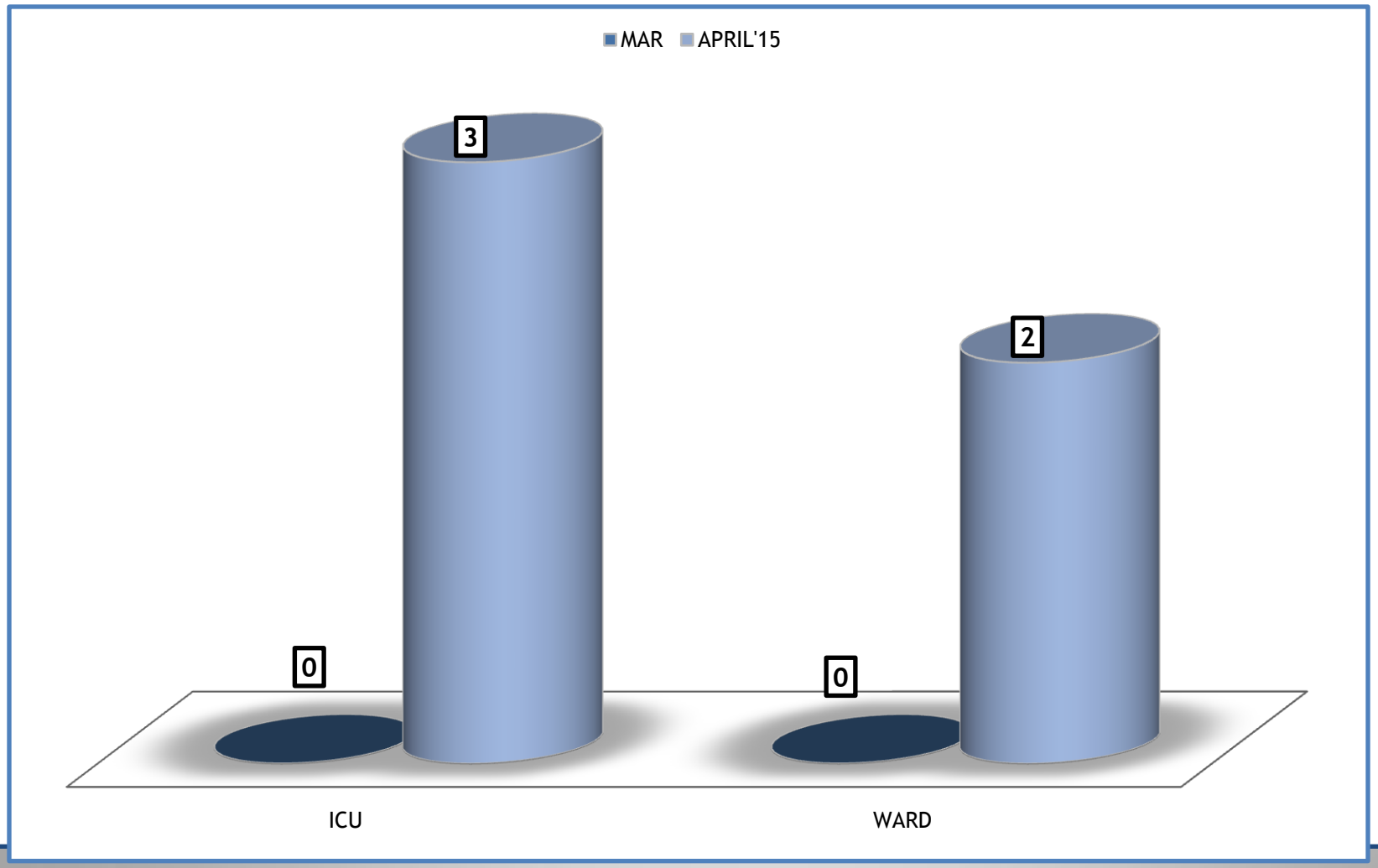




Incidence of Administration Error



Incidence of Indenting Error



Recommendations

- Continuous Assessing, Training, and Mentoring by the patient safety team to the Nursing In-charges and staff on patient safety parameters.
- At-least 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 change 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 In-charges 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.