

**Monitoring Compliance of International Patient Safety Goals
of JCI**

**Internship Training
at**



LLH Hospital, Musaffah, Abu Dabi (UAE)

**By
Smita Saxena**

**Under the guidance of
Col. (Dr.) Ashok Kaushik**

**Post Graduate Diploma in Hospital & Health Management
2012–14**



**Institute of Health Management Research
Jaipur
2014**

**INSTITUTE OF HEALTH
MANAGEMENT RESEARCH**

1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : <http://www.iihmr.org>
Gram : HEALTHINST

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Smita Saxena** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone internship training at **LLH Hospital, Musaffah, and Abu Dhabi** from **6th March to 25th May 2014**.

The candidate has successfully carried out the study designated to her during internship training and her approach to study has been sincere, scientific and analytical. The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

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

Date: 26 May 2014

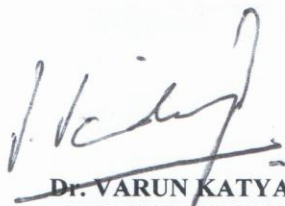
To whomsoever it may concern

This is to certify that **Dr. Smita Saxena** has completed her internship from **6th March 2014 to 25th May 2014** in the department of **Quality** and has successfully completed her dissertation project on **"International Patient Safety Goals of JCI"** in LLH Hospital, Musaffah, Abu Dhabi

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavors.





Dr. VARUN KATYAL
DIRECTOR, OPERATIONS
LLH HOSPITAL, MUSAFFAH
ABU DHABI, UAE

INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled monitoring compliance of patient safety goals of JCI submitted by (Name) Dr.Smita Saxena. Enrolment No.1381 under the supervision of Dr. (Col) Ashok Kaushik for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 6^h March 2014 to 25thMay 2014 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.



Signature

Abstract

There is a global trend towards the pursuit of healthcare quality, driven forward .as countries attempt to engage in the more effective management of resources and services amidst concerns of increasing costs, competing priorities and patient safety. One approach to managing quality on an organization wide basis, 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. The level of compliance against standards is then evaluated by the external teams of surveyor and on that basis accreditation rating is arrived at for the organization

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

The public/private sector hospitals are the leading hospitals in the United Arab Emirates (UAE) in achieving accreditation and meeting JCI standards. Indeed. Many hospitals in the Middle East in general and in the UAE in particular are in the process of achieving accreditation.

This research monitors the compliance rate of patient safety standard of the JCI in LLH Hospital Musaffah The research is descriptive in nature, employing a checklist as the primary data collection tool within the hospital. Other tools used is existing policies and procedures followed in the hospital as source of secondary data

The study gives an idea about the areas of non compliance in the hospital and indicates the need to take the steps to improve the concerned areas.

.

Certificate by organization(to be added later)

Acknowledgement

Nothing really can be accomplished alone it is the direction , guidance, involvement , support and prayers of more than few that resulted in this work of efforts

It is my pleasure to acknowledge all the people who have contributed directly or Indirectly to my dissertation work and in helping me to complete my research

I would like to convey my deep gratitude to Dr.Varun Katyal (Director –Operations) LLH Hospital Musaffah, Ms. Hodan El Sheik (Senior Quality Officer) and Dr.Amit Kaushal (Assistant Manager -Operations) for their trust in me and providing me with great opportunity to work in the quality department of LLH Hospital, Musaffah where I received the exposure to the functioning of the organization. Altogether it has been a great learning experience of tremendous value which has definitely upgraded my knowledge and skills

My institute –Institute of Health Management Research (IIHMR), Jaipur and its education deserves the foremost appreciation for providing me the opportunity to understand my individual capabilities and of course all the faculties at IIHMR had facilitated the endeavor

I would like to take this opportunity to thank my guide Dr. (Col) Ashok Kaushik for being supportive and providing guidance at every step of my dissertation right from the beginning.

I also show my gratitude to all hospital staff who contributed in one way or the other in the course of the study.

My parents and friends who have always been there to support encourage and help me in every phase of my career and during the dissertation too

Thank you

Dr.Smita Saxena

CONTENTS

Dissertation Report		
1	Executive summary	2
2	Introduction	3-4
3	Review of literature	5-10
4	Methods and type of data	11
5	Data collection, management and analysis	12
6	JCI chapter IPSC	12-17
7	Results for chapter IPSC	18
8	Conclusion	22
9	Limitation	22
10	Ethical consideration	22
11	Bibliography	23
12	Annexure A-F	24-30

LIST OF FIGURES

S.NO	TITLE	PAGE NO
1	Comparison of achieved & expected score	19
2	Compliance level of International patient safety goals	19
3	Compliance level of all goals of International patient safety goals	20

LIST OF TABLES

S.NO	TITLE	PAGE NO
1	Results of chapter International patient safety goals	18
2	Observation for chapter International patient safety goals	21

ACRONYMS/ABBREVIATIONS

JCI:- Joint Commission International

HAAD:- Health Authority of Abu Dhabi

SOP:- Standard Operating Procedure

ENT:- Ear Nose Throat

HIS:- Hospital Information System

OT:- Operation Theatre

OPD :-Out Patient Department

ICU :-Intensive Care Unit

UAE :-United Arab Emirates

SCBU :-Special Care Baby Unit

ISO: - International Organization for Standardization

JCAHO: - Joint Commission on Accreditation of Healthcare Organizations

M.E :- Measurable Element

EHSMS :- Environmental Health and Safety Management System

IPSG:-International patient safety goals

ISQUA:-International society for quality in healthcare

STAT: Statim latin word for urgent

DOHMS:-Dubai health authority

WHO: - World health organization

DISSERTATION

**“ MONITORING COMPLIANCE OF INTERNATIONAL
PATIENT SAFETY GOALS OF JCI”**

Executive summary

Quality in health care has developed gradually as emerging ideas have been explored and implemented within various clinical and non-clinical settings .Quality is the key determinant of an organization and it brings credibility enhances customer satisfaction and above all reduces operational costs in long term as per the JCI standards the GAP analysis for the chapter IPSG was done from march 6 to may 25, 2014

GAP analysis refers to a study where the hospital compares the present policies procedures, SOP's, infrastructure with defined laid down standards with accreditation body to conduct GAP analysis following steps were followed

Developing a checklist according to the JCI chapter. Checklist comprises of measuring element, compliance score , achieved score ,expected score ,compliance percentage

Facility tour of the hospital and compared with laid down criteria

Interview respective employees

After doing all the processes next step is to decide compliance ,partial compliance and non compliance against the measurable elements. If there was any partial compliance it is necessary to explain the reason behind that after GAP analysis is over then it is important to make budget based on non compliance and partial compliance

INTRODUCTION

Quality is critical to corporate success as it plays a vital role in improving organizational productivity. It can be defined as 'the totality of inherent characteristics of a product or service that bear on its ability to increase the demand for that product or service at a fixed price' and can best be measured by capturing customer perceptions of the performance of those characteristics.

Quality of healthcare and the initiative to address the crucial factors provided by the health care delivery system becomes the world class phenomena .Many health care organization all over the world are exploring various means and methods to improve the quality of healthcare services

Service in healthcare organizations is intangible and perishable. Healthcare organizations cannot produce their services prior to need-indeed, in most cases they must be provided within minutes of request-and most importantly, healthcare organizations deal with intangible, individual preferences, so implementing quality systems in these organizations is a particularly challenging task (Huq, 1996). According to the definition of the ISO, the quality system is the organizational structure, responsibilities, procedures, processes and resources for implementing quality)management (ISO 8402, 1994).Tannock JCI accreditations system is one of the methods for commitment to quality enhancement throughout the world .It involves all professional and service groups to ensure that high quality in health care is achieved while minimizing the inherent risks associated with modern health care delivery

Improving the quality of health care services has become not only a concern of patients, but also governments, managers, professionals and hospitals themselves as patients increasingly expect more from health care services and compare their experiences with those countries with higher quality. (World Health Organization, 2004; Ovretveit & Al Serouri, 2006).

Health organizations encounter many challenges accompanied with new requirements, namely; customer dissatisfaction, increasing cost of the health services, competition and reducing the reimbursement for services. All of these factors force the health organizations to adopt a system that can meet these requirements, dealing with the continuous changes,

technology changes, increase in the health services costing, increase in competitive position and gaining customers' satisfaction.

RESEARCH QUESTION:

What is the compliance rate of existing processes and procedures followed in LLH hospital as per IPSP standard of JCI standards?

AIM OF THE STUDY

To assess the existing processes and procedures followed in LLH hospital as per JCI standards for the chapter IPSP and find out the compliance for the same

OBJECTIVES OF THE STUDY

- To examine current procedures and processes of the LLH Hospital
- To analyze the gaps and issues in all processes and procedures that corresponds to JCI standards for IPSP chapter.
- To interpret the results and assess compliance level of the LLH hospital procedures and processes to JCI.

RATIONALE OF THE STUDY

As LLH hospital has already got JCI accreditation hence this study aims to identify and analyze the gaps/issues in various processes and procedures followed in hospital in order to comply with the standards of IPSP . Maintaining the accreditation, update policies and procedures as per the 5th edition, and improve the process as much as possible to improve the compliance.

IPSP is one of the key chapters and as per the 5th edition and a single measurable element that is scored as not met can lead to the denial of accreditation.

IPSP is local /regulatory requirements.

THE UAE HEALTHCARE SYSTEM

The investment in health care in the UAE has been very considerable since the Discovery of oil in 1962, which led to a significant development in the health care System throughout the country, providing easy access to all kinds of medical care for the whole UAE population. The health care providers delivering these services include the Ministry of Health, the army, the Abu Dhabi Health Care Authority, the DOHMS, Dubai Health Care City and the private sector. The governmental healthcare services are available free to all UAE nationals and at low rates to expatriates who are resident in the country (Dubai Health, 2007).

The UAE is listed as the fourth most developed Arab state according to the Human Development Index, which measures overall achievements in a country in three basic areas of human development: life expectancy_ education and general standard of living. Preventive medicine campaigns, which have been launched to combat and control more than 36 infectious diseases in the UAE, have had a major impact on life expectancy and constitute a key element of health care strategy (UAE. 2006).

REVIEW OF LITERATURE:-

Worldwide, the delivery of health care is challenged by a wide range of safety problems. The traditional medical oath—"First do no harm"—is rarely violated intentionally by physicians, nurses, or other practitioners, but the fact remains that patients are harmed every day in every country across the globe in the course of receiving health care. The first things that we must do are to acknowledge this disturbing truth; to reject the notion that the status quo is acceptable; and, perhaps most important, to act to correct the problems that are contributing to unsafe care

All patients have a right to effective, safe care at all times.

Patient safety remains one of the biggest challenges for healthcare organizations. Studies in the United States of America show that more than two million patients are injured unnecessarily in hospitals every year, with more than 100,000 deaths (Safety Culture Pulse Report, 2009:1). With the escalation in health care costs due to medical errors, many

organizations are adopting a number of strategies like electronic medical records, medication bar coding, protocols for common procedures and checklists. Although each of these interventions has had a positive impact, problems of preventable medical errors still persist in many health care organizations throughout the world.

One of the defining moments in health care safety and quality moment was the release of Institute of Medicine (IOM) report **To Err Is Human: Building a safer health system**, which focused national attention on health care safety. According to this 1999 report, as many as 98,000 people die each year from medical errors and many more people die in United States from medical mistakes than highway accidents, breast cancer, or AIDS. Not every medical error leads to death; however, medical errors can have serious consequences. Some of the most common medical errors included adverse drug events, wrong site surgery, suicides, restraint related injuries and deaths, falls, burns, and mistaken patient identities. Are trying out a basic technology, as a low cost solution for patient safety in order to adopt a culture of safety. A safety culture entails a total organizational commitment to safe patient care (Reason, Carthey & Leval, 2001:21; Sexton, 2004:5; Thomas, Sexton, Nielands, Frankel & Helmreich, 2005:8; Safety Culture Pulse Report, 2009:1).

An organizational safety culture contributes to patient safety. Reason et al. (2001:21) focused their study on the diagnosis of “vulnerable systems syndrome”. The authors related it to the “Swiss cheese” model of accident causation, described as “successive layers of defenses, barriers and safeguards in an organization that renders them vulnerable to adverse events”. Page (2007:2) recommends a blame free and just safety culture in which staff feels free to report errors. Unreported medical errors are found to impact negatively on patient safety (The Joint Commission International Accreditation Standards, 2008:16). Promoting effective communication in an organization is an important aspect of patient safety. In high-risk areas the quality of human interaction is critical to minimizing human error (Sexton, 2004:5). Briefings to plan activities in critical care environments such as operating rooms and intensive care units, as well as feedback, are widely recommended (Makary et al., 2006:5; Pronovost et al., 2006:1). It seems to be imperative that patient safety and a culture of change be driven by senior leaders in organizations. ‘Executive walk around’ (EWR) are found to positively influence patient safety through direct interaction with staff (Thomas et al., 2005:8). Today senior leaders in health care organizations are also joining

clinicians at unit level in safety initiatives such as comprehensive unit based safety programs (CUSP), where staff see how senior executives embrace problems and facilitate solutions (Pronovost et al., 2010:96).

Despite the emphasis on patient safety in healthcare, few organizations have evaluated the extent to which patient safety is a strategic priority or if their culture supports patient safety. The Health Authority of Abu Dhabi (HAAD) (2008:3), is highly focused on patient safety and has adopted a policy that all government hospitals should work towards the Joint Commission International Accreditation. HAAD Hospital Standards (2008:3) identifies five patient safety goals, namely Patient Safety and Quality Improvement, Communication, High Risk Care ,Processes, Leadership involvement and Facility Safety.

INTERNATIONAL PATIENT SAFETY GOALS:

The purpose of these goals is to promote specific improvements in patient safety.

IPSG.1 Identify patients correctly

IPSG.2 Improve effective communication

IPSG.3 Improve the safety of high alert medications

IPSG.4 Ensure correct site, correct procedure, correct patient surgery

IPSG.5 Reduce the risk of health care associated infections

IPSG.6 Reduce the risk of patient harm resulting from falls

Adverse events may result from problems in practice, products, procedures or systems. Patient safety improvements demand a complex system-wide effort, involving a wide range of actions in performance improvement, environmental safety and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment of care. This review concludes that reducing the incidence of the preventable medical errors would require identifying causes and developing methods to prevent errors or reduce their effect

JOINT COMMISSION INTERNATIONAL (JCI)

The mission of the JCAHO is to improve continuously the safety and quality of care provided to the public through the provision of health care accreditation and related services (Brown, 2007). JCI is a wholly controlled not-for-profit affiliate formed by the JCAHO to provide leadership in healthcare accreditation and quality improvement for organizations outside the United States. The traditional approach to external evaluation of health care organizations began when the American college of surgeons established the hospital standardization programmed in 1917.

In 1950 the growing number and complexity of hospitals required revision of the standards and support of the entire medical and hospital field, originating in the foundation of the JCAHO in 1951 (Roberts, 1996).

JCI is designed to respond to a growing demand around the world for standards-based evaluation in health care (ibid). According to the World Health Organization (WHO) (2008), JCI leaders work with the WHO to promote quality and patient safety practices around the world by introducing patient safety solutions which give countries around the world the opportunity to translate them into tangible actions that actually save lives and challenge them to do so.

JCI is the international arm of the joint commission international (USA) that is committed to improve the quality ,safety and efficiency of health care rendered in health care organization and countries around the world .created in 1994 by the joint commission international JCI has presence in more than 90 countries today. The JCI works with health care organization ,governments and international advocates to promote standards of care and provide solution for achieving peak performance .services provided by JCI include

Accreditation, education, advisory services .

JCI has partnership with WHO in establishing WHO collaborating centre for patient safety solution. It has been accredited by international society for quality in health care (ISQUA)

JCI standards provide meaningful metrics to improve the quality and patient safety in all clinical and managerial functions of acute care hospitals as well as embrace performance

improvements. According to JCI standards, hospitals should proactively seek to identify and reduce risks to the safety of patients and so to prevent adverse events, rather than simply reacting when they occur.

Accreditation promotes patient confidence by assisting an organization to ensure a safe and effective environment for the delivery of health care. The needs of the patient, the patient's family and employee needs are at its core.

Accreditation is acknowledged worldwide as a symbol of achievement and gives us the opportunity to compare our services with other hospitals.

Accreditation is a voluntary process whereby an accrediting body assesses a hospital to determine if the services that are being provided meet the standards set out by the accreditation body.

Why Accreditation?

Hospital accreditation promotes patient confidence by ensuring a safe and effective environment for the delivery of health care. The needs of the patient are at its core. By achieving the required standard the hospital is committed to.

Improve public trust that the hospital values the importance of the quality of care and patient safety.

Respect the rights of patients and their families and promote their Involvement as partners in the care process Forge a culture with staff and consultants that promotes learning from the outcome of reporting adverse events and safety concerns.

Ensure a safe and efficient work environment for staff that in turn promotes staff satisfaction.

Establish collaborative leadership who endeavors to deliver excellence in quality and patient safety goals.

Understand how to continuously improve clinical care processes and outcome.

JCI CHAPTERS:-

SECTION 1:- PATIENT CENTERED STANDARDS

International patient safety standards (IPSG)

Access to care and continuity (ACC)

Patient and family rights (PFR)

Care of patients (COP)

Anesthesia and surgical care (ASC)

Medication management and use(MMU)

Patient and family education(PFE)

SECTION 2:- HEALTH CARE ORGANIZATION MANGEMENT STANDARDS

Quality improvement and patient safety (QPS)

Prevention and control of infection (PCI)

Governance ,leadership and direction (GLD)

Facility management and safety (FMS)

Staff qualification and education (SQE)

Management of communication and information (MCI)

SECTION 3:- ACADEMIC MEDICAL CENTRE HOSPITAL STANDARDS

Medical professional education (MPE)

Human subjects research program (HRP)

METHODOLOGY:-

Information regarding the organization , location, area, history ,manpower organizational hierarchy ,and other details were collected from hospital 's manual concerned authorities and from other sources

Information on available policies and procedures and other managerial issues was gathered from the relevant department i.e. human resource ,training division administration wing etc

STUDY DESIGN AND METHODS

- a. Type of study- Observational Study
- b. Location of study- Lifeline Hospital, Musaffah , Abu Dhabi (U.A.E)
- c. Site of Study- Departments offering direct patient care
- d. Source of Data- Primary Data
- e. Data collection tools- Checklist
- f. Sample size- 240

Checklist was made for conducting gap analysis against each standard .in the checklist non compliance will be denoted by zero, partial compliance by five and full compliance will be 10

DATA COLLECTION

The existing policies and procedures were used as a source of secondary data .these policies and procedures provided the standard which has to be followed in the department

Primary data was generated by intensive study and comparison with JCI standards

DATA MANAGEMENT

Data is arranged in word document and analyzed in excel sheet

DATA ANALYSIS

Analysis was done on the chapter of IPSG of JCI. In analysis for compliance with standards included in these chapters each measurable element off these standards were measured against the existing practice in the LLH Hospital.

Scoring was done on 0 to 10 scale where 10 corresponds to full compliance, 5 to partial compliance and 0 to non compliance

0	No Compliance
5	Partial Compliance
10	Full Compliance

A total of these scores is done and compared to total expected score for each standard of the chapter achieved score comprises scores of both partial and full compliance .Non compliance can be calculated by subtracting achieved score from expected score

Scoring is based on availability of policy /procedures, documentation, implementation and awareness of the staff. Non availability of policy/procedures is considered as non compliance. However if there inadequate documentation but a SOP exists then it is measured as partial compliance. And if an existing SOP is implemented with proper documentation and awareness of staff, it is considered as full compliance

JCI Chapter: International patient safety goal (IPSG)

The IPSG chapter has 6 main standards and 24 measurable elements. Each measurable element has given a compliance score according to the present situation of the hospital

OVERVIEW

The purpose of the IPSG is to promote specific improvements in patient safety.

The goals highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to these problems.

Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on system wide solutions, wherever possible.

Goal 1: Identify Patients Correctly

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented, or not fully alert; may change beds, rooms, or locations within the hospital; may have sensory disabilities; or may be subject to other situations that may lead to errors in correct identification. The intent of this goal is twofold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

Measurable Elements of IPSG.1

1. Patients are identified using two patient identifiers, not including the use of the patient's room number or location.
2. Patients are identified before administering medications, blood, or blood products.
3. Patients are identified before taking blood and other specimens for clinical testing.
4. Patients are identified before providing treatments and procedures.
5. Policies and procedures support consistent practice in all situations and locations.

Goal 2: Improve Effective Communication

Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety.

Communication can be electronic, verbal, or written.

The most error-prone communications are patient care orders given verbally and those given over the telephone, when permitted under local laws and regulations. Another error-prone communication is the report back of critical test results, such as the clinical laboratory telephoning the patient care unit to report the results of a STAT test.

Measurable Elements of IPSG.2

1. The complete verbal and telephone order or test result is written down by the receiver of the order or test result.
2. The complete verbal and telephone order or test result is read back by the receiver of the order or test result.
3. The order or test result is confirmed by the individual who gave the order or test result.
4. Policies and procedures support consistent practice in verifying the accuracy of verbal and telephone communications

Goal 3: Improve the Safety of High-Alert Medications

When medications are part of the patient treatment plan, appropriate management is critical to ensuring patient safety. High-alert medications are those medications involved in a high percentage of errors and/or sentinel events, medications that carry a higher risk for adverse outcomes, as well as look-alike/sound-alike medications. Lists of high-alert medications are available from organizations such as the World Health Organization or the Institute for Safe Medication Practices.

Errors can occur when staff is not properly oriented to the patient care unit, when contract nurses are used and not properly oriented, or during emergencies. The most effective means to reduce or to eliminate these occurrences is to develop a process for managing high-alert medications that includes removing the concentrated electrolytes from the patient care unit to the pharmacy.

Measurable Elements of IPSG.3

1. Policies and/or procedures are developed to address the identification, location, labeling, and storage of high-alert medications.
2. The policies and/or procedures are implemented.

3. Concentrated electrolytes are not present in patient care units unless clinically necessary, and actions are taken to prevent inadvertent administration in those areas where permitted by policy.

4. Concentrated electrolytes that are stored in patient care units are clearly labeled and stored in a manner that restricts access.

Goal 4: Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

Wrong-site, wrong-procedure, wrong-patient surgery is an alarmingly common occurrence in health care organizations. These errors are the result of ineffective or inadequate communication between members of the surgical team, lack of patient involvement in site marking, and lack of procedures for verifying the operative site. In addition, inadequate patient assessment, inadequate medical record review, a culture that does not support open communication among surgical team members, problems related to illegible handwriting, and the use of abbreviations are frequent contributing factors.

The essential processes found in the Universal Protocol are

- marking the surgical site;
- A preoperative verification process; and
- A time-out that is held immediately before the start of a procedure

The purpose of the preoperative verification process is to:

- verify the correct site, procedure, and patient;
- ensure that all relevant documents, images, and studies are available, properly labeled, and displayed; and
- verify any required special equipment and/or implants are present.

The time-out permits any unanswered questions or confusion to be resolved. The time-out is conducted in the location the procedure will be done, just before starting the procedure, and involves the entire operative team. The organization determines how the time-out process is to be documented.

Measurable Elements of IPSG.4

1. The organization uses an instantly recognizable mark for surgical-site identification and involves the patient in the marking process.
2. The organization uses a checklist or other process to verify preoperatively the correct site, correct procedure, and correct patient and that all documents and equipment needed are on hand, correct, and functional.
3. The full surgical team conducts and documents a time-out procedure just before starting a surgical procedure.
4. Policies and procedures are developed that will support uniform processes to ensure the correct site, correct procedure, and correct patient, including medical and dental procedures done in settings other than the operating theatre.

Goal 5: Reduce the Risk of Health Care–Associated Infections

Infection prevention and control are challenging in most health care settings, and rising rates of health care–associated infections are a major concern for patients and health care practitioner. Infections common to all health care settings include catheter-associated urinary tract infections, blood stream infections, and pneumonia (often associated with mechanical ventilation).

Central to the elimination of these and other infections is proper hand hygiene. Internationally acceptable hand-hygiene guidelines are available from the World Health Organization (WHO), the United States

Measurable Elements of IPSG.5

1. The organization has adopted or adapted currently published and generally accepted hand-hygiene guidelines.
2. The organization implements an effective hand-hygiene program.
3. Policies and/or procedures are developed that support continued reduction of health care–associated infections.

Goal 6: Reduce the Risk of Patient Harm resulting from fall

Falls account for a significant portion of injuries in hospitalized patients. In the context of the population it serves, the services it provides, and its facilities, the organization should evaluate its patients' risk for falls and take action to reduce the risk of falling and to reduce the risk of injury should a fall occur. The evaluation could include fall history, medications-and-alcohol-consumption review, gait and balance screening, and walking aids used by the patient. The organization establishes a fall-risk reduction program based on appropriate policies and/or procedures. .

Measurable Elements of IPSG.6

1. The organization implements a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition or medications, among others.
2. Measures are implemented to reduce fall risk for those assessed to be at risk.
3. Measures are monitored for results, both successful fall injury reduction and any unintended related consequences.
4. Policies and/or procedures support continued reduction of risk of patient harm resulting from falls in the organization

RESULTS:-

<u>Standard</u>	<u>Achieved score</u>	<u>Expected score</u>	<u>Compliance</u>
IPSG 1	35	50	70%
IPSG 2	35	40	87.5%
IPSG 3	35	40	87.5%
IPSG 4	35	40	87.5%
IPSG 5	30	30	100%
IPSG 6	35	40	87.5%
TOTAL	205	240	85%

Table 1:- Showing analysis of achieved score, expected score and the compliance rate

***Annexure A-F**

Figure 2:-Comparison of achieved score against expected score for IPSG

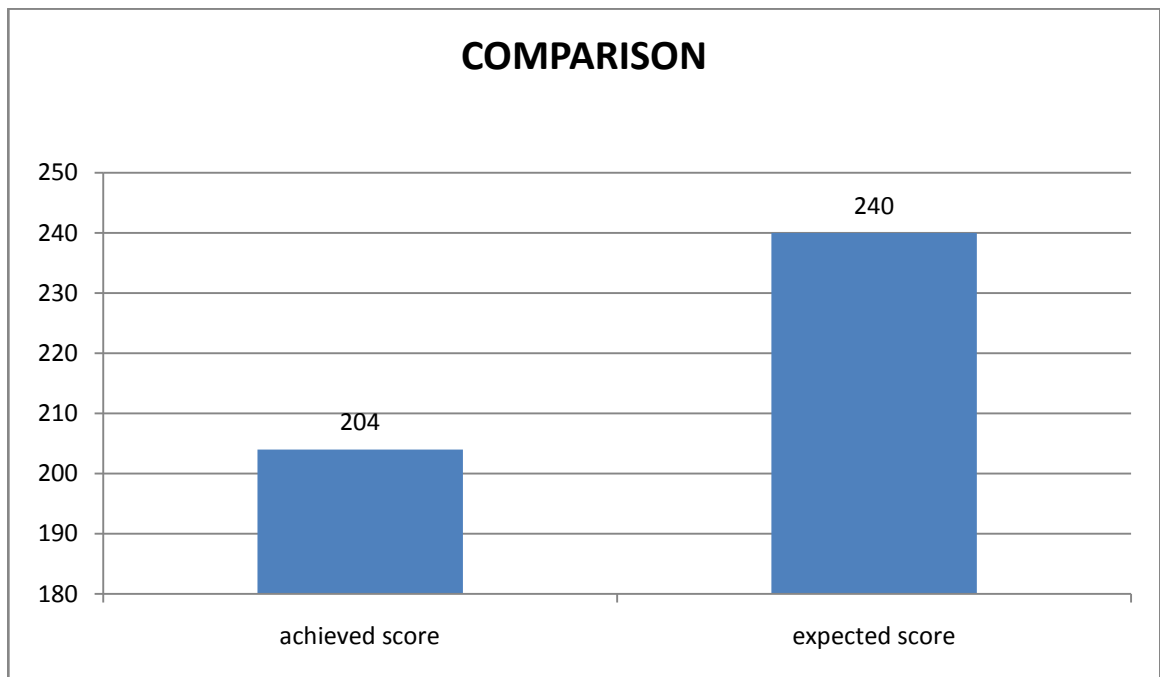


Figure 3:-Compliance level for IPSG (no compliance, partial compliance, full compliance)

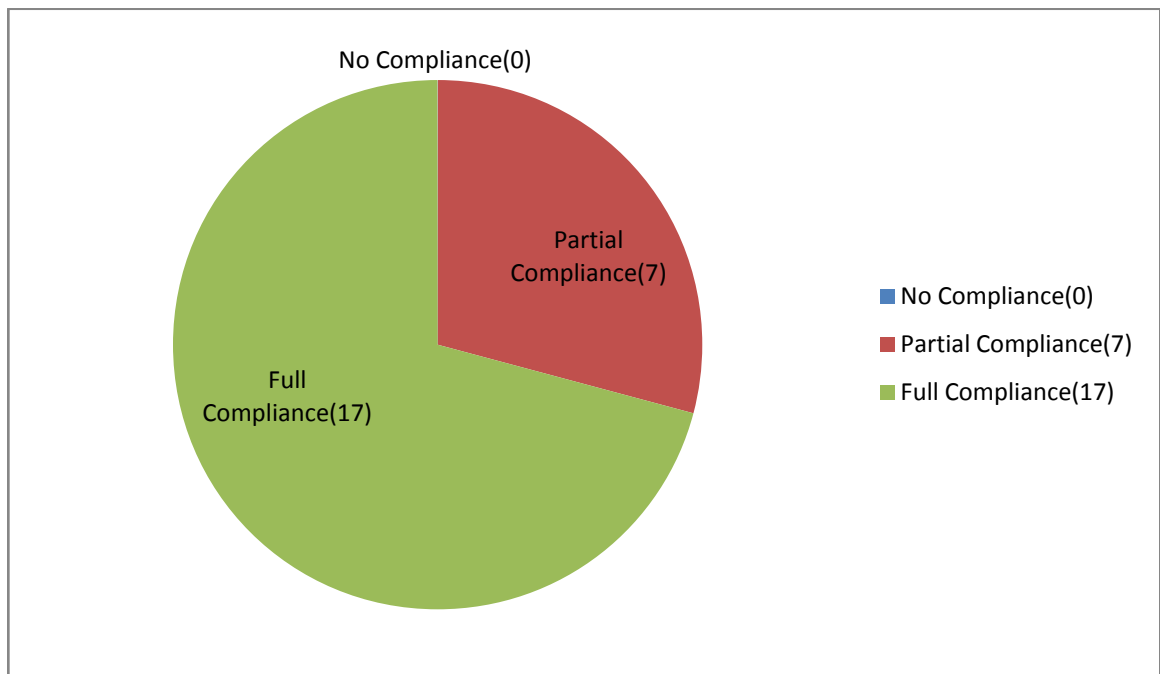
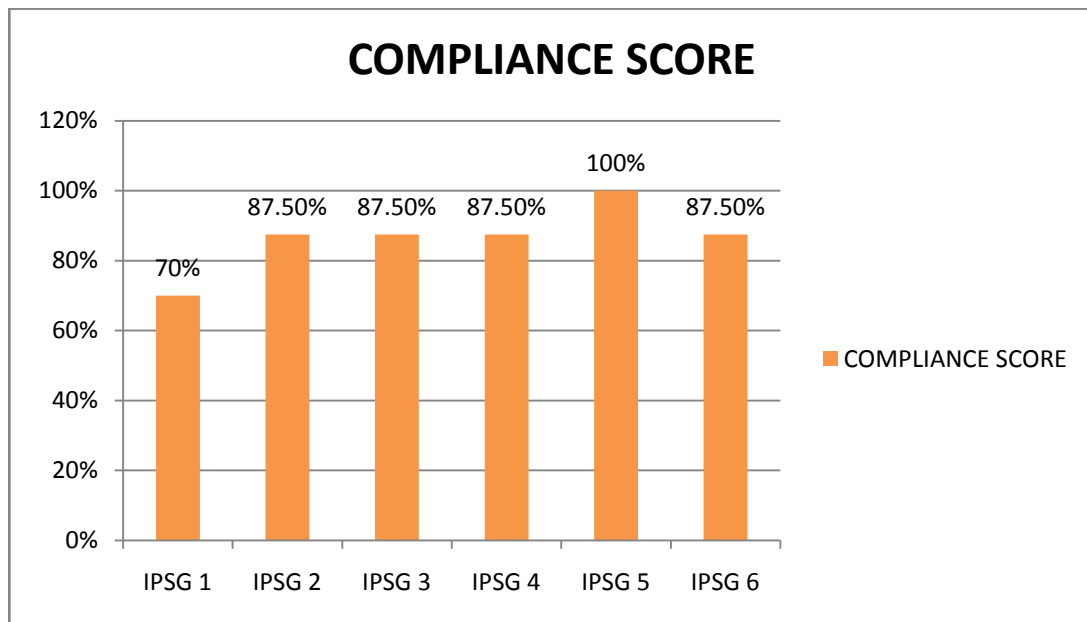


Figure 4:-Compliance level of all goals of IPSG



OBSERVATIONS FOR IPSG

<u>Observation</u>	<u>JCI Clause</u>
Patients should be identified using two identifiers which was found to be area of partial compliance	IPSG 1
Policy of hospital for signing of verbal orders within 24 hours should be followed	IPSG 2
Policy for labeling and storing the high alert medication should be followed all the time partial compliance was observed in radiology and emergency areas	IPSG3
Site marking to be done in operation theatre area according to 5 th edition of JCI to be implemented after revision of policy , as of present it is done in IP or pre operative area	IPSG4
All the precautions with respect to risk of health care associated infection specially hand hygiene are followed	IPSG5
All measures to prevent patient harm from falls are followed in the entire unit	IPSG 6

Table 2: Showing observation for different goals of IPSG

CONCLUSION

Standardization and accreditation led by the international sector has played a Key role in educating the healthcare system about risk management and patient Safety

Currently in LLH Hospital Musaffah the compliance score of IPSP standards is 85% which indicates fulfillment and adherence to almost all of the standards and policies of the IPSP with no non compliance areas and few partial compliance areas which could be rectified by motivation, education and training of the employees .

LIMITATIONS:-

It was a difficult task to take employees in confidence and make them understand about the significance of JCI because without their cooperation it would not have been possible to go further with the study.

All the employees were busy with their respective jobs so it was difficult to interact with them and discuss their current practice.

OT was not observed due to access issues.

ETHICAL CONSIDERATIONS

Permission to conduct the study was obtained from the Director operations – of LLH Hospital Musaffah.

Ethical clearance was obtained from the Ethics Review Committee of the Hospital.

BILIOGRAPHY:

Institute of Medicine, Committee on Quality of Health Care in America, *To Err Is Human: Building a Safer Health System* (Washington, D.C.: National Academies Press, 2000); and *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington, D.C.: National Academies Press, 2001

Quality Matters:-. Bimonthly newsletter from The Commonwealth Fund.

JCI. Joint Commission International Standards for Hospitals. Standards List

Version 4th Edition. Retrieved September 13, 2010.

http://www.jointcommissioninternational.org/common/pdfs/jcia/IAS400_Standards_Lists_Only.pdf.

WHO Patient Safety. Retrieved on October 26, 2010.

http://www.who.int/patientsafety/information_centre/documents/en/index.

Html.

About ISQUA, Vision & Mission Statement. Retrieved on October 26, 2010.

<http://isqua.org/about---isqua/visionmission.htm>.

ANNEXURE A

	M.E	Measurable element	Compliance score	Achieved score	Expected score	Compliance %
IPSG 1	1	Patients are identified using two patient identifiers, not including the use of the patient's room number Or location.	5(only one identifier is used)	35	50	70%
	2	Patients are identified before administering medication ,blood or blood products	10			
	3	Patients are identified before taking blood and other specimens for clinical testing.	5(only one identifier is used)			
	4	Patients are identified before providing treatments and procedures.	5(only one identifier is used)			
	5	Policies and procedures support consistent practice in all situations and locations.	10			

ANNEXURE B

	M.E	Measurable element	Compliance score	Achieved score	Expected score	Compliance %
IPSG 2	1	The complete verbal and telephone order or test result is written down by the receiver of the order or test result.	10	35	40	87.5%
	2	The complete verbal and telephone order or test result is read back by the receiver of the order or test result	10			
	3	The order or test result is confirmed by the individual who gave the order or test result.	5(not signed within 24 hrs)			
	4	Policies and procedures support consistent practice in verifying the accuracy of verbal and telephone Communications.	10			

ANNEXURE C

	M.E	Measure elements	Compliance score	Achieved score	Expected score	Compliance %
IPSG3	1	Policies and/or procedures are developed to address the identification, location, labeling, and storage Of high-alert medications.	10	35	40	87.5%
	2	The policies and/or procedures are implemented.	5(incident of not having locked and not labeled)			
	3	Concentrated electrolytes are not present in patient care units unless clinically necessary, and actions are taken to prevent inadvertent administration in those areas where permitted by policy.	10			
	4	Concentrated electrolytes that are stored in patient care units are clearly labeled and stored in a manner That restricts access.	10			

ANNEXURE D

	M.E	Measurable element	Compliance score	Achieved score	Expected score	Compliance %
IPSG 4	1	The organization uses an instantly recognizable mark for surgical-site identification and involves the patient in the marking process	5(as per OT staff interview site marking take place in two different location pre operative and IP area as there are changes as per 5th edition of JCI should be done in OT	35	40	87.5%
	2	The organization uses a checklist or other process to verify preoperatively the correct site, correct procedure, and correct patient and that all documents and equipment needed are on hand, correct, and functional	10			
	3	The full surgical team conducts and documents a time-out procedure just before starting a surgical procedure.	10			

	4	Policies and procedures are developed that will support uniform processes to ensure the correct site, correct procedure, and correct patient, including medical and dental procedures done in settings other than the operating theatre.	10			
--	---	--	----	--	--	--

ANNEXURE E

	M.E	Measurable element	Compliance score	Achieved score	Expected score	Compliance %
IPSG 5	1	The organization has adopted or adapted currently published and generally accepted hand-hygiene guidelines	10	30	30	100%
	2	The organization implements an effective hand-hygiene program.	10			
	3	Policies and/or procedures are developed that support continued reduction of health care–associated Infections .	10			

ANNEXURE F

	M.E	Measurable element	Compliance score	Achieved score	Expected score	Compliance %
IPSG 6	1	The organization implements a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition or medications, among others.	10	35	40	87.5%
	2	Measures are implemented to reduce fall risk for those assessed to be at risk.	5(lamp signs not there and education for patient not there all time)			
	3	Measures are monitored for results, both successful fall injury reduction and any unintended related Consequences.	10			
	4	Policies and/or procedures support continued reduction of risk of patient harm resulting from falls in the organization.	10			