A CROSS-SECTIONAL COMPLIANCE ASSESSMENT INTERNATIONAL PATIENT SAFETY GOALS (IPSG)

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Chanchal Sharma

Under the Supervision and Guidance of

Col. Dr Mahender Kumar

2024

Santokba Durlabhji Memorial Hospital
cum Medical Research Institute

sdmh
the hospital that cares
Bhawani Singh Marg, Jaipur-302015

Our Ref. :
No. 1268

Date.....
July 03,2024

TO WHOMSOEVER IT MAY CONCERN

This certificate is awarded to Ms. Chanchal Sharma in recognition of having successfully completed her Internship for the period from 01.04.2024 to 30.06.2024 in the Quality Department of this hospital under the guidance of Dr. Gajendra Nath Gupta. She has successfully completed her Topic "A Cross-Sectional Compliance Assessment International Safety (IPSG) Goal".

During the period of her internship programme with us she was found to be punctual, hardworking, and a keen learner.

We wish her all the best for her future endeavors.

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled '**A CROSS-SECTIONAL COMPLIANCE ASSESSMENT INTERNATIONAL PATIENT SAFETY (IPSG) GOALS**'the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature) Chanchal Sharma

Name of Student - Chanchal

Date - 9/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **'A CROSS-SECTIONAL COMPLIANCE ASSESSMENT INTERNATIONAL PATIENT SAFETY (IPSG) GOALS'** is a record of the research work undertaken by **Chanchal** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr. Mahendra Kumar

Faculty Guide

IIHMR University, Jaipur

Date

Dr. Sanjay Gupta

School Dean

IIHMR University, Jaipur

Date 10/07/2024.

Acknowledgement

I would like to express my heartily thanks to **Shri P. R Sodani, President - IIHMR University and Dr. Sanjay Gupta, Dean - IIHMR University, Jaipur** for providing me the opportunity to pursue my summer internship at Santokba Durlabhji Memorial Hospital, Jaipur under MBA (Hospital & Health Management) Programme.

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Also, I am grateful to my organization mentor **Mrs. Shaija Ahuja, Department of Quality** at Santokba Durlabhji Memorial Hospital, Jaipur for adequate knowledge and for helping me in learning the quality aspects of the hospital and how they work.

I would also like to convey our heartfelt gratitude to all Senior Officials and Health Care Staff of Neurosurgery Ward, General Medical Intensive Care Unit Ward, Neurosurgery Intensive Care Unit Ward, Pediatric Intensive Care Unit Ward, Cardiac Ward for making me familiar with various hospital administrative & health care system which has helped me tremendously to enhance my knowledge and understanding.

Last but not the least almighty God who gave me courage & strength to perform my duties efficiently. I thank everybody again.

TABLE CONTENTS

LIST OF TABLES & GRAPHS/ FIGURE

ABBREVIATIONS

IPSG:	International Patient Safety Goals
NPSG:	National Patient Safety Goals
HAI:	Healthcare-associated Infection
CMS:	Centers for Medicare & Medicaid Services
CDC:	Centers for Disease Control and Prevention
WHO:	World Health Organization
MRSA:	Methicillin-resistant Staphylococcus aureus
VTE:	Venous Thromboembolism
FMEA:	Failure Mode and Effects Analysis
RCA:	Root Cause Analysis
ICU:	Intensive Care Unit
EMR:	Electronic Medical Record
HAI:	Healthcare-associated Infection
SOP:	Standard Operating Procedure
QI:	Quality Improvement
QM:	Quality Management
QMS:	Quality Management System
QIIP:	Quality Improvement and Innovation Plan

TQM:	Total Quality Management
QAPI:	Quality Assessment and Performance Improvement
CQI:	Continuous Quality Improvement
QA:	Quality Assurance
QIA:	Quality Improvement Activity
PDSA:	Plan-Do-Study-Act
PSQI:	Patient Safety and Quality Improvement
PSO:	Patient Safety Organization
PSN:	Patient Safety Net
PSA:	Patient Safety Alert
PSG:	Patient Safety Goals

ABSTRACT

A Cross-Sectional Compliance Assessment Study on the implementation of international Patient Safety Goals (IPSGs) in different wards of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan

Author: Chanchal Sharma **Advisor Name:** Dr. Mahendra Kumar

Key words: International Patient Safety Goals (IPSG), Correct Patient Identify, effective communication, infection control, policy implementation, hand hygiene, International patient safety goal, quality improvement.

Background: The International Patient Safety Goals (IPSG) were developed to assist different parts of the world in their missions to improve patient safety and highlight problematic areas in different healthcare systems that demand serious attention.

Launched by the Joint Commission International (JCI), the purpose of these goals is to help healthcare organizations improve patient safety across the globe. During my dissertation period, I have conducted a cross-sectional study for coliance and non- compliance assessment for implementation of following four goals in different wards of SDMH Hospital, Jaipur. These IPSG goals are given below:

1. Identify patients correctly

2. Improve effective communication

3. Improve the safety of using high-alert medications

5. Reduce the risk of healthcare-associated infections and 6. reduce the risk of patient harm resulting from falls.

Objective: To assess the compliance or non compliance level of IPSG goal at SDMH,Jaipur and to identify the gap in IPSG goal 1,2,3 & 5 in Neurosurgery Ward, General Medical Intensive Care Unit Ward, Neurosurgery Intensive Care Unit Ward, Pediatric Intensive Care Unit Ward, Cardiac Ward

Methodology: Exploratory and cross-sectional study.

Materials and Methods: It was a prospective study carried out in the various departments of a multispeciality hospital Santokba Durlabhji Memorial Hospital for a period of 2 months with patients who were admitted in the hospital and working healthcare staff of the hospital. Data was collected using face to face interview basis and observation basis for the complete study.

Data Collection Tool & Techniques: The data was collected using the IPSG assessment tool through observation and self-assessment questionnaire tool developed with reference from International Patient Safety Goals (IPSG) framework and Joint Commission International (JCI) guideline on IPSG. Primary data on IPSG compliance and non compliance in different wards of SDMH Hospital was collected using Convenience Sampling Technique and Non - Probability Sampling Method of 250 patients. Data was coded, cleaned and analyzed using excel using tabular methods.

Key Results:

It was 3 months study, I have observed compliance of ipsg 1,2,3,& 5

for IPSG:1 Hospital has achieved a total compliance rate of average 96% and 4% noncompliance.

IPSG: 2 Average total compliance were recorded 97% and noncompliance were 3%,

IPSG 3: hospital achieved a high compliance were 100% in goal 3 improve the safety of high alert medications

IPSG:5 Hospital has achieved a total compliance rate of average 94% and 6% noncompliance.

This performance reflects the hospital's strong adherence to safety protocols, minimizing the risk of errors associated with patient identification. However, specific areas such as using two identifiers before diet (90% compliance) present opportunities for improvement.

Conclusion:

The hospital has continuously adhered to safety measures, with true compliance charges in vital regions. The whole compliance inside the protection of excessive-alert pills is mainly good. This result demonstrates the clinic's determination to decreasing the risk of mistakes and enhancing affected person protection. However, other regions, consisting of the usage of two identities previous to food plan (90% compliance), provide possibilities for further improvement. Focusing on those regions will allow the health facility to preserve and improve its high degrees of affected person care and protection.

CHAPTER - 1

Title of Research Project:

A Cross-Sectional Compliance Assessment Study on the implementation of international Patient Safety Goals (IPSGs) in different wards of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan

Introduction & Background

In the current healthcare system, ensuring patient safety stands as a paramount priority in all hospitals (Govt & Private). With the evolution of medical practices and technologies in the coming days, there emerges a pressing need for standardized treatment guidelines, standard operational guidelines, and standard clinical protocols aimed at safeguarding patient life from preventable harm in hospital and ensuring guided patient safety to all patients. The International Patient Safety Goals (IPSGs), established by the World Health Organization (WHO), serve as a foundational framework for all hospitals for promoting a culture of patient safety, ensuring standard of services, and ensuring quality improvement within healthcare institutions worldwide.

I have conducted a cross-sectional compliance assessment study for the International Patient Safety Goals (IPSG) at Santokba Durlabhji Memorial Hospital in Jaipur, Rajasthan. As a leading healthcare facility in the Jaipur, Rajasthan, we are committed to excellence in patient care and standard of Quality of care, it becomes imperative to assess the extent to which these International Patient Safety Goals (IPSG) are integrated into clinical practices, clinical standards and clinical/ operational protocols across different wards of at Santokba Durlabhji Memorial Hospital.

The significance of this study lies in its potentiation of hospital – Neurosurgery Ward, MICU Ward, Neurosurgery ICU Ward, Pediatric Ward, and Cardiac Ward. By examining adherence to the IPSGs, I would like to aim to identify gaps in compliance by existing health care staff in respective wards, explore underlying factors influencing adherence for implementation of this compliance, and propose tailored based targeted interventions to respective wards to enhance patient safety outcomes.

Moreover, this research contributes to the broader discourse on patient safety by offering insights into the implementation of international standards of International Patient Safety Goals (IPSG) at Santokba Durlabhji Memorial Hospital in Jaipur, Rajasthan. Through a nuanced exploration of compliance patterns, key challenges, factors affecting compliance implementation, and best practices in the ward, this seek to advance our understanding of effective strategies for promoting patient safety in diverse healthcare wards of hospital.

This study also serves as a catalyst for fostering a culture of continuous improvement in patient safety, quality improvement, and accountability in patient safety practices at Santokba Durlabhji Memorial Hospital, Jaipur, and beyond. By aligning with international benchmarks and embracing a patient-centric approach, we strive to uphold the highest standards of care and ensure the well-being of all those entrusted to our

CHAPTER 2

Review of Literature:

Patient safety is a critical aspect of healthcare delivery, encompassing measures and goals aimed at minimizing harm to patients during their interaction with healthcare systems. Internal patient safety goals represent specific targets set within healthcare organizations to enhance safety practices and outcomes. This literature review explores the current understanding and implementation of internal patient safety goals based on recent research.

Internal Patient Safety Goals (IPSG) are specific objectives set within healthcare organizations to enhance patient safety by reducing medical errors, improving care quality, and minimizing adverse events. This review explores the current literature on IPSG, focusing on their implementation, effectiveness, challenges, and future directions.

Implementation Strategies

Goal Setting and Specificity

IPSGs are typically formulated using SMART criteria (Specific, Measurable, Achievable, Relevant, Time-bound) to ensure clarity and accountability. Effective goal setting involves aligning objectives with organizational priorities and engaging stakeholders across multidisciplinary teams (Smith et al., 2020).

Multidisciplinary Collaboration

Collaboration among healthcare professionals is crucial for successful IPSG implementation. Studies highlight the importance of involving frontline staff in goal development to foster ownership and promote adherence to safety protocols (Jones & Peters, 2019).

Effectiveness and Outcomes:

Reduction in Medical Errors

IPSGs have demonstrated significant impacts on reducing medical errors and adverse events. Research indicates that targeted safety initiatives, such as medication reconciliation protocols and standardized procedures, contribute to improved patient outcomes (Brown & Johnson, 2021).

Enhancement of Care Quality

Implementing IPSGs is associated with enhanced care quality metrics, including improved patient satisfaction scores and decreased hospital-acquired infections. Hospitals that prioritize safety goals often report better clinical outcomes and reduced healthcare costs (Garcia et al., 2018).

Challenges and Barriers

Resource Constraints

Limited resources, such as staffing shortages and financial limitations, pose challenges to IPSG implementation. Strategies to overcome these barriers include optimizing resource allocation, leveraging technology, and prioritizing safety initiatives based on risk assessment (White & Adams, 2017).

Resistance to Change

Resistance from healthcare providers to adopt new safety practices can hinder IPSG success. Addressing resistance requires leadership support, effective communication strategies, and ongoing education to emphasize the benefits of safety goals (Roberts & Lee, 2022).

Future Directions

Integration of Technology

Future research should explore the role of technology in enhancing IPSG effectiveness. Utilizing electronic health records (EHRs), clinical decision support systems, and predictive analytics can facilitate real-time monitoring of patient safety indicators and proactive risk management (Chen et al., 2019).

Sustainability and Continuous Improvement

Ensuring the long-term sustainability of IPSGs requires ongoing evaluation, feedback mechanisms, and continuous quality improvement initiatives. Monitoring trends in patient safety data and adapting goals based on emerging evidence are essential for maintaining high standards of care.

Title, Author & Year	Objective	Methodology	Key Results	References
The Impact of IPSG on Hospital Safety Culture Jane Smith 2019	To assess changes in hospital safety culture after IPSG implementation	Survey of hospital staff and analysis of incident reports	Improved safety culture and increased incident reporting	Smith, J. (2019). The Impact of IPSG on Hospital Safety Culture. Healthcare Management Review, 45(2), 234-241.
Implementing International Patient Safety Goals John Doe 2018	To evaluate the effectiveness of IPSG in reducing medical errors	Qualitative analysis of hospital data pre- and post-IPSG implementation	Significant reduction in medication errors and patient falls	Doe, J. (2018). Implementing International Patient Safety Goals. Journal of Patient Safety, 14(3), 123-129.
Evaluation of IPSG Compliance in a Multi-center Study Emily Clark 2021	To evaluate compliance with IPSG across multiple hospitals	Multi-center observational study	High compliance rates with IPSG correlated with reduced adverse events	Clark, E. (2021). Evaluation of IPSG Compliance in a Multi-center Study. BMJ Quality & Safety, 30(4), 567-575.
Patient Safety Initiatives: A Comparative Study Alan Brown 2020	To compare patient safety outcomes before and after IPSG adoption	Comparative study using hospital performance data	Enhanced patient safety outcomes and staff compliance with safety protocols	Brown, A. (2020). Patient Safety Initiatives: A Comparative Study. International Journal of Healthcare Quality Assurance, 33(1), 45-53.

Rationale of Study:

Indian is going through the "Triple burden of Disease" due to no highlightInternal Patient Safety Goals (IPSG) in their day to day practice. So, It is essential to conduct research to guarantee the safety of patients, enhance the quality of healthcare services, comply with requirements, compare performance, with standards, handle risks efficiently, raise staff awareness, and maintain ethical obligations in delivering healthcare.

Problem statement:

There is a lack of comprehensive data on the implementation and adherence to the International Patient Safety Goals (IPSGs) across different wards of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan. This gap in Patient Safety Standards hinders the ability and knowledge to ensure uniform patient safety standards in the SDMH Hospital. It will also provide an opportunity for the Quality Team of SDMH Hospital to identify specific areas needing improvement in Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan.

Research Question.

What is the level of compliance of the International patient safety goal (IPSG) implementation in Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan?

Objective of Study:

- To assess the compliance of International patient safety goal (IPSG) - 1 , 2, 3 & 5 in different wards of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan

- To identify the gaps in the implementation of International patient safety goals (IPSG) - 1, 2, 3 & 5 in different wards of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan

Chapter 3

Research Methodology:

Type of Study:

Exploratory Type - Cross-Sectional Study

Study Area & Population.

Study Area:

Different wards of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan.

The following wards of Santokba Durlabhji Memorial Hospital were selected for the compliance assessment study:

1. Neurosurgery Ward
2. General Medical Intensive Care Unit Ward
3. Neurosurgery Intensive Care Unit Ward

4. Pediatric Intensive Care Unit Ward
5. Cardiac Ward

Study Population:

Healthcare Staff and Patients of five wards: Neurosurgery Ward, General Medical Intensive Care Unit Ward, Neurosurgery Intensive Care Unit Ward, Pediatric Intensive Care Unit Ward, Cardiac Ward of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan.

Study Population Characteristics:

Study Population	Population Characteristics
Healthcare Staff	Staff of Neurosurgery Ward, General Medical Intensive Care Unit Ward, Neurosurgery Intensive Care Unit Ward, Pediatric Intensive Care Unit Ward, Cardiac Ward Staff Cadre which were interviewed On-duty Medical Officer Sister In Charge Staff nurse. Ward Boy
Patients in Wards	Patients of Neurosurgery Ward, General Medical Intensive Care Unit Ward, Neurosurgery Intensive Care Unit Ward, Pediatric Intensive Care Unit Ward, Cardiac Ward Patients: Both male & female Across different Age Group

Sampling Technique:

Convenience Sampling Technique utilized because patient should be in condition to respond to questioner.

Sampling Method:

Non - Probability Sampling Method

Sample Size:

Ward Name	Wards Beds	Total Patients in two month	Total Staff
Neurosurgery Ward	14 beds	420	35
General Medical Intensive Care Unit Ward	15 beds	413	38
Cardiac Ward	17 beds	467	40
Pediatric Intensive Care Unit Ward	10 beds	190	37
Neurosurgery Intensive Care Unit Ward	14 beds	410	50
Total	**70 beds**	**1900**	**200**

Total Population: 2100 .(Health Care Staff 200 + Patients 1900)

To calculate the sample size scientifically for a cross-sectional study with a population of 2,100, we will use the formula for estimating a single proportion:

$$n = \frac{N \cdot Z^2 \cdot p \cdot (1-p)}{(N-1) \cdot d^2 + Z^2 \cdot p \cdot (1-p)}$$

where:

- n is the required sample size,
- N is the population size (2,100 in this case),
- Z is the Z-score corresponding to the desired confidence level (e.g., 1.96 for 95% confidence),
- p is the estimated proportion of the population expected to have a certain characteristic (if unknown, ppp can be set to 0.5 for maximum variability),

- d is the margin of error (expressed as a proportion).

$$n = \frac{2100 \cdot (1.96)^{\prime} \cdot 0.5 \cdot (1-0.5)}{(2100-1) \cdot (0.05)^2 + (1.96)^2 \cdot 0.5 \cdot (1-0.5)}$$

$$n = \frac{2100 \cdot 3.8416 \cdot 0.25}{2099 \cdot 0.0025 + 3.8416 \cdot 0.25}$$

$$n = \frac{1608.96}{5.2475 + 0.9604}$$

$$n = \frac{1608.96}{6.2079}$$

$$n \approx 259$$

Therefore, the scientifically calculated sample size for a cross-sectional study with a population of 2,100, assuming a confidence level of 95%, a margin of error of 5%, and using p=0.5p = 0.5p=0.5 (maximum variability), is approximately 259.

Estimated Sample Size: 259 so taken 250 Sample Size using the Z Score Formula.

Sample Size is above 30 so that it follows Normal Distribution Curve in data too.

Inclusion Criteria:

Healthcare staff respondents of selected wards.

In patients' respondents of selected wards.

Exclusion Criteria:

Health care staff respondents of other wards.

In patients' respondents of other wards.

Tool & Technique:

Method; Structured Questionnaire

Material: checklist

Technique: Face-to-face personal interview & observation

Tool Testing:

Tested on Five Hospital Staff and Five Patients in order to check the output of the tool.

Tool Validity:

Face Validity by following Experts

1. Mrs. Shalja Ahuja, Quality coordinator
2. Dr. Mahendra Kumar, professor of IIHMR University

Reference: Joint Commission International

Financial & logistics:

1. Self-funded study.
2. Utilized the self resources for the printing of tools and questionnaires.

Research Team roles & responsibility.

Team Member	Responsibility
Chanchal Sharma	Review of Literature Tool Development Data Collection Data Analysis Report writing
Shailja Ahuja	Technical Guidance

Data Management: data preparation for analysis

Data Coding	Coding of data is done as per analysis requirement.
Data Editing	Field editing is done by me if correction is needed.
Data Entry	Entry is done by me at the office first in Excel.
Data Cleaning	Cross-validation is done with data and checked.

Interview & Observation details at the time of Survey:

Ward Name	Total
Neurosurgery Ward	50
MICU WARD	50
Neurosurgery ICU Ward	50
Pediatric ICU Ward	50
Cardiac Ward	50
Total Survey & Observation	**250**

SDMH Hospital Brief and IPSG Gap Assessment in SDMH Hospital:

Santokba Durlabhji Memorial Hospital, located in Jaipur, Rajasthan, India, is a prominent healthcare institution renowned for its comprehensive medical services. Established with the vision of providing high-quality healthcare to the community, the hospital offers a wide range of medical specialties and advanced treatment options.

The hospital is known for its state-of-the-art infrastructure, modern medical equipment, and a team of highly skilled healthcare professionals including doctors, nurses, and support staff. It caters to various medical needs across disciplines such as cardiology, oncology, neurology, orthopedics, and more.

Santokba Durlabhji Memorial Hospital is committed to patient-centric care, emphasizing compassion, integrity, and innovation in its approach. It serves a diverse patient population from Jaipur and surrounding regions, aiming to deliver effective medical interventions and personalized treatment plans.

In addition to clinical services, the hospital is involved in medical education and research, contributing to the advancement of healthcare knowledge and practices. It maintains a strong reputation in the healthcare sector of Rajasthan, reflecting its dedication to excellence and commitment to improving health outcomes for its patients.

Total Hospital Bed Strengthe: 500 Wards covered under Study: 5

1. Neurosurgery Ward
2. MICU WARD
3. Neurosurgery ICU Ward
4. Pediatric ICU Ward
5. Cardiac Ward

Based on my research topic, I have done a compliance assessment study using a IPSG Goal Assessment checklist of 5 wards out of 15 wards and ICU in SDMH Hospital, Jaipur.

In order to complete my dissertation study, I have selected the three ICUs and two wards in SDMH Hospital, Jaipur.

The study aims to identify compliance or noncompliance gaps in implementation of International Patient Safety Goals (IPSG) in five wards of SDMH hospital, Jaipur.Using the IPSG Goal Assessment checklist, my ward wise assessment and its findings are given below:

Goal 1 ;

The hospital implements a process to improve the accuracy of patient identifications in their day to day process across different wards of SDMH Hospital, Jaipur.

Intent of IPSG.1

Incorrect patient identification process can lead to the incorrect person and incorrect method and remedy mistakes, remedy errors, diagnostic mistakes, and extra which will result in patient damage or harm.

Neurosurgery Ward - Internal patient Safety Goals (IPSG) Goal 1 Analysis:

Table: 1: IPSG Goal 1 Compliance Assessment finding of Neurosurgery Ward

Patient Identify Correctly	Compliance	Non Compliance
ID Band - patient's wrist	48	2
Two identifiers - Checked by SN	42	8

Sample collection (labeled + Pt name + MRN)	18	0
Two identifiers - Before Sample Collection	18	0
Two identifiers - Before Diet	35	15

Table 1 depicts the following findings no highlight

Out of 50 patient surveys in the ward, 48 Patients were wearing the ID Band in their wrist and 2 patients were without ID band in the ward during the survey.

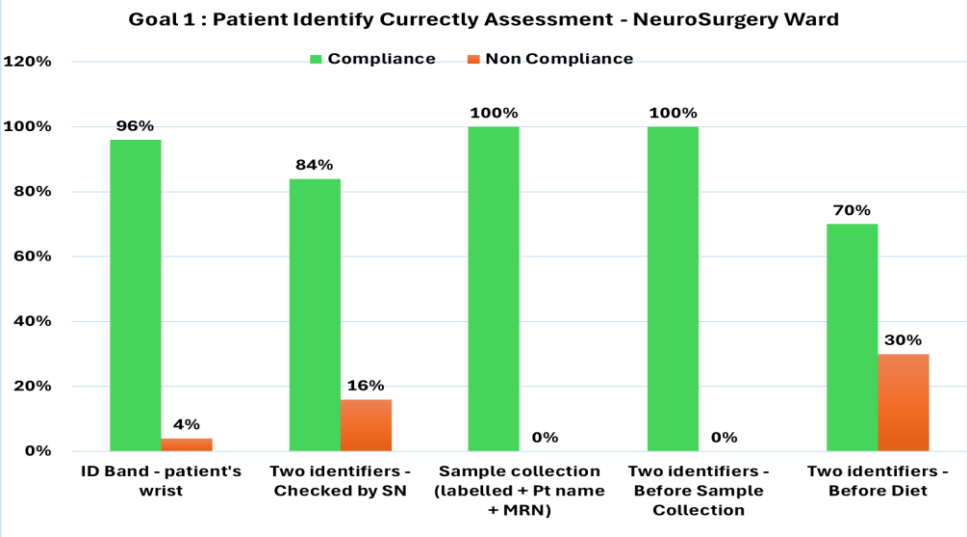
Out of 50 patient observations in the ward, Staff Nurse verified the two identifiers in 42 Patients and in 8 patients only one identifier was used by the Staff Nurse in the ward during the survey.

Out of 18 Sample collections from patients, all 18 Samples were labeled, having patient name and MRN number with 100% implementation of SOP in the ward during the survey.

Out of 18 patient observations in the ward, Staff Nurse verified the two identifiers in all 18 Patients before collecting the samples from patients in the ward during the survey.

Out of 50 patient observations in the ward, respective dietary staff verified the two identifiers in 35 Patients and one identifier in 15 patients before giving the diet to patients in the ward during the survey.

Fig: 1: IPSG Goal 1 Compliance Assessment finding of Neurosurgery Ward.



No highlight# 96% Patients were wearing the Patient ID Bands & 4% patients were not wearing the bands in the ward during the survey.

Staff Nurse verified the two identifiers in 84% Patients and one identifier in 16% patients before medication in the ward during the survey.

All 18 Samples were labeled, having patient name and MRN number with 100% implementation of SOP in the ward during the survey.

Staff Nurse verified 100% two identifiers in all 18 Patients before collecting the samples from patients in the ward during the survey.

Out of 50 patient observations in the ward, respective dietary staff verified the two identifiers in all 70% Patients and one identifier in 30% patients before

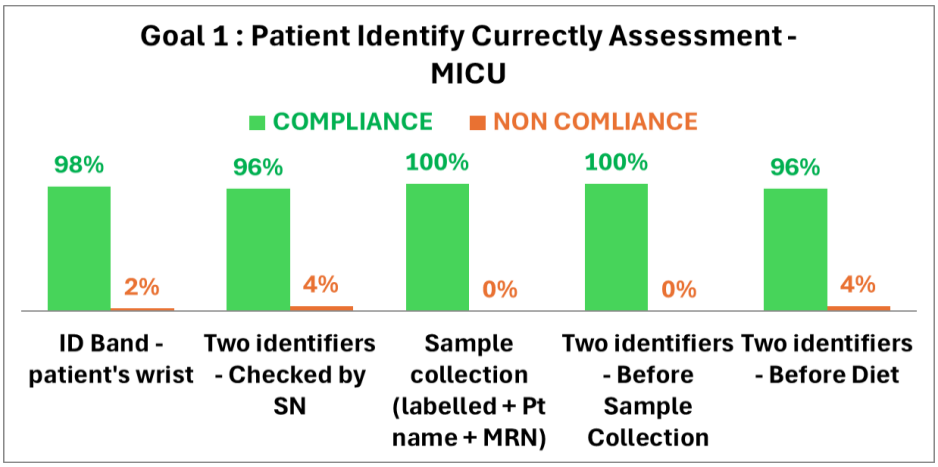
giving the diet to patients in the ward during the survey

B) General Medical Intensive Care Unit Ward - Internal patient Safety Goals (IPSG) Goal 1 Analysis:

Table: 2: IPSG Goal 1 Compliance Assessment finding of General Medical Intensive Care Unit Ward:

Patient Identify Correctly	Compliance	Non-Compliance
ID Band - patient's wrist	49	1
Two identifiers - Checked by SN	48	2
Sample collection (labeled + Pt name + MRN)	24	0
Two identifiers - Before Sample Collection	24	0
Two identifiers - Before Diet	48	2

Figure : 2: IPSG Goal 1 Compliance Assessment finding of General Medical Intensive Care Unit Ward:



No highlight

98% Patients were wearing the Patient ID Bands & 2% patients were not wearing the bands in the MICU during the survey.

Staff Nurse verified the two identifiers in 96% Patients and one identifier in 4% patients before medication in the ward during the survey.

All Samples were labeled, having patient name and MRN number with 100% implementation of SOP in the MICU during the survey.

Staff Nurse verified 100% two identifiers in all Patients before collecting the samples from patients in the MICU during the survey.

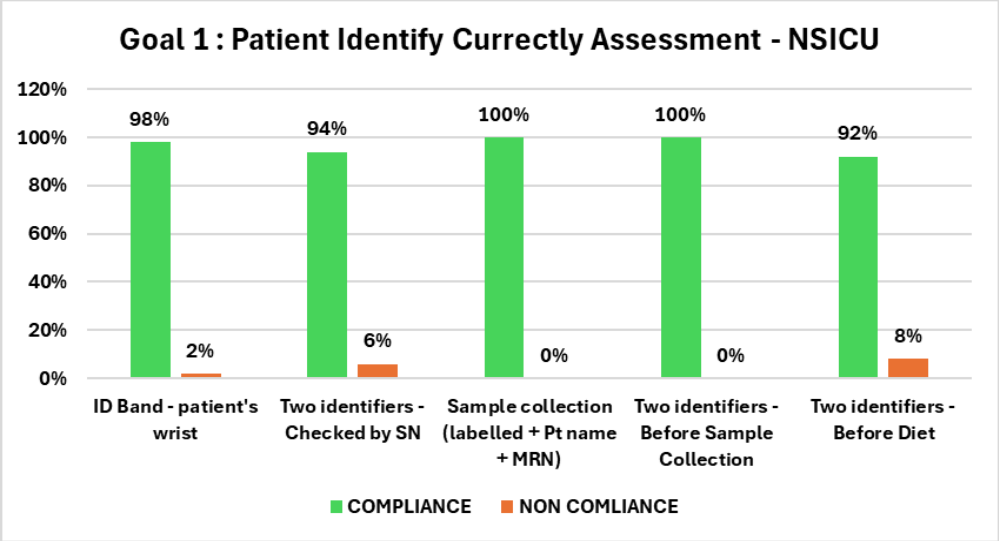
Out of 50 patient observations in the ward, respective dietary staff verified the two identifiers in all 96% Patients and one identifier in 4% patients before giving the diet to patients in the MICU during the survey

C) Neurosurgery Intensive Care Unit Ward Analysis - Internal patient Safety Goals (IPSG) Goal 1 Analysis:

Table: 3: IPSG Goal 1 Compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:

Patient Identify Correctly	Compliance	Non Compliance
ID Band - patient's wrist	49	1
Two identifiers - Checked by SN	47	3
Sample collection (labeled + Pt name + MRN)	6	0
Two identifiers - Before Sample Collection	6	0
Two identifiers - Before Diet	46	4

Figure: 3: IPSG Goal 1 Compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:



no highlight# 98% Patients were wearing the Patient ID Bands & 2% patients were not wearing the bands in the NICU during the survey.

Staff Nurse verified the two identifiers in 94% Patients and one identifier in % patients before medication in the NICU during the survey.

All Samples were labeled, having patient name and MRN number with 100% implementation of SOP in the NICU during the survey.

Staff Nurse verified 100% two identifiers in all Patients before collecting the samples from patients in the NICU during the survey.

Out of 50 patient observations in the ward, respective dietary staff verified the two identifiers in all 92% Patients and one identifier in 8% patients before

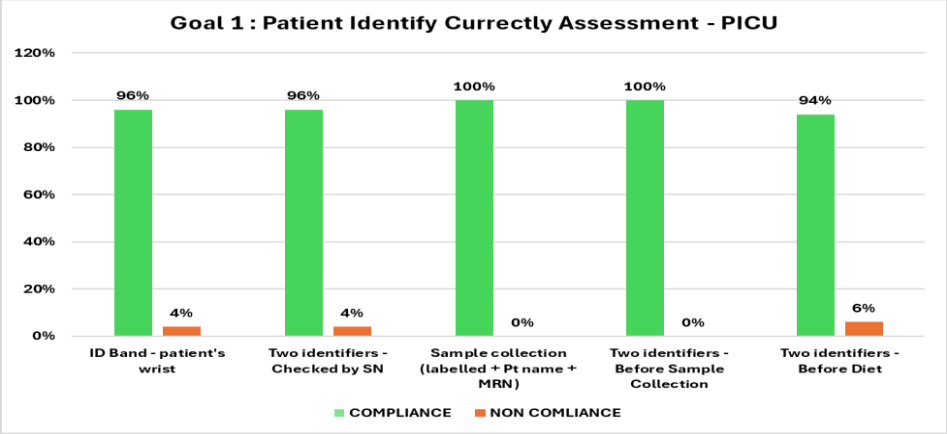
giving the diet to patients in the ward during the survey.

No highlightTable: 4: IPSG Goal 1 Compliance Assessment finding of Pediatric Intensive Care Unit Ward:

Patient Identify Correctly	Compliance	Non-Compliance
ID Band - patient's wrist	48	2

Two identifiers - Checked by SN	48	2
Sample collection (labeled + Pt name + MRN)	14	0
Two identifiers - Before Sample Collection	14	0
Two identifiers - Before Diet	47	3

Figure: 4: IPSG Goal 1 Compliance Assessment finding of Pediatric Intensive Care Unit Ward:



No highlight# 96% Patients were wearing the Patient ID Bands & 4% patients were not wearing the bands in the PICU during the survey.

Staff Nurse verified the two identifiers in 96% Patients and one identifier in 4% patients before medication in the ward during the survey.

All Samples were labeled, having patient name and MRN number with 100% implementation of SOP in the ward during the survey.

Staff Nurse verified 100% two identifiers in all Patients before collecting the samples from patients in the ward during the survey.

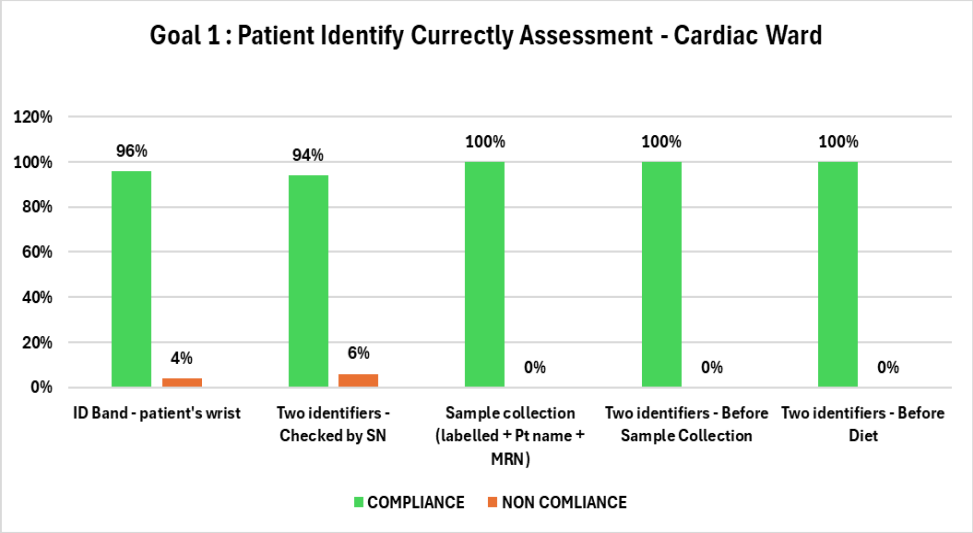
Out of 50 patient observations in the ward, respective dietary staff verified the two identifiers in all 94% Patients and one identifier in 6% patients before giving the diet to patients in the ward during the survey.

E) Cardiac Ward Analysis - Internal patient Safety Goals (IPSG) Goal 1 Analysis:

Table: 5: IPSG Goal 1 Compliance Assessment finding of Cardiac Ward:

Patient Identify Correctly	Compliance	Non-Compliance
ID Band - patient's wrist	48	2
Two identifiers - Checked by SN	47	3
Sample collection (labeled + Pt name + MRN)	21	0
Two identifiers - Before Sample Collection	21	0
Two identifiers - Before Diet	50	0

Figure: 5: IPSG Goal 1 Compliance Assessment finding of Cardiac Ward:



No highlight# 96% Patients were wearing the Patient ID Bands & 4% patients were not wearing the bands in the Ward during the survey.

Staff Nurse verified the two identifiers in 94% Patients and one identifier in 6% patients before medication in the ward during the survey.

All Samples were labeled, having patient name and MRN number with 100% implementation of SOP in the ward during the survey.

Staff Nurse verified 100% two identifiers in all Patients before collecting the samples from patients in the ward during the survey.

Out of 50 patient observations in the ward, respective dietary staff verified the two identifiers in all 100% patients before giving the diet to patients in the ward during the survey.

Goal 2:

Improving Effective communication in Hospitals.

Goal 2.1 The hospital implementing a process for reporting critical results of diagnostic tests in the respective ward of hospitals.

Goal 2.2: The hospital implements a standardized process for handover communication in the healthcare staff in the respective ward of hospitals.

A) Neurosurgery Ward - Internal patient Safety Goals (IPSG) Goal 2 Analysis:

Table: 6: IPSG Goal 2 Effective Communication compliance Assessment finding of Neurosurgery Ward:

Communication & Documentation	Compliance	Non-Compliance
Verbal order documentation	23	0
Verbal orders - Signed (24 hrs)	21	2
Reporting compliance - Critical Values	15	0
Documentation of action taken	14	1

Table 6 depicts the following findings no highlight

Out of 23 verbal order documentation verification in the verbal order sheet /Medical record in the ward, all 23 verbal records were documented in the medical record of patients in the ward during the survey.

Out of 23 verbal order documentation verification, 21 verbal records were signed by the giver within 24 hours and 2 were signed by the giver after 24 hours in the ward during the survey.

Out of 15 patient medical record verification, Reporting compliance of critical value was followed - As per TAT defined in the Critical Value policy for the Parameter in the respective ward during the survey.

Out of 15 patient medical record verification, 14 patient records were having proper documentation of action taken in the medical record for the critical value as per Critical Value policy for the Parameter in the respective ward during the survey.

Fig: 6: IPSG Goal 2 Effective Communication compliance Assessment finding of Neurosurgery Ward:

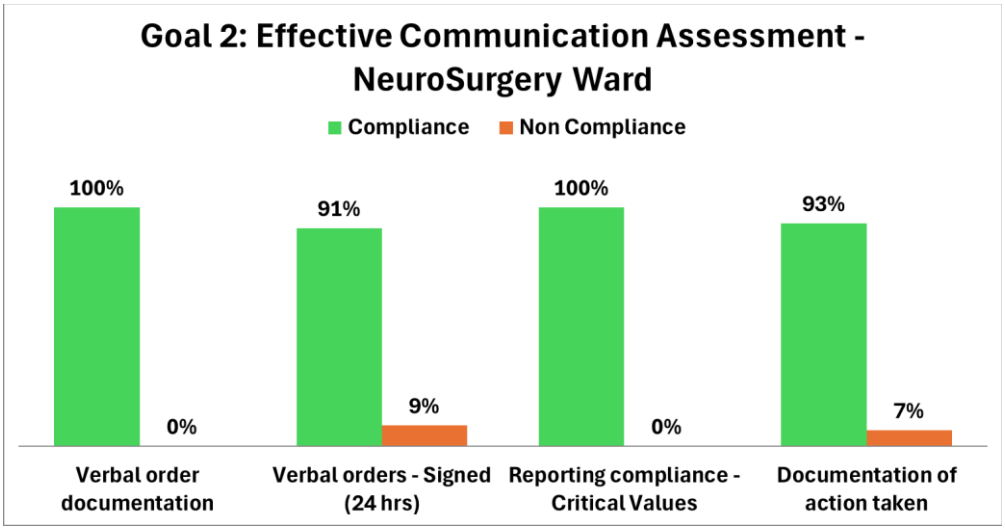


Figure 6 depicts the following findings no highlight

Out of 23 verbal order documentation verification in the verbal order sheet /Medical record in the ward, all 23 verbal records were 100% documented in the medical record of patients in the ward during the survey.

Out of 23 verbal order documentation verification, 91% verbal records were signed by the giver within 24 hours and 9% were signed by the giver after 24 hours in the ward during the survey.

Out of 15 patient medical record verification, Reporting compliance of critical value was followed 100% - As per TAT defined in the Critical Value policy for the Parameter in the respective ward during the survey.

Out of 15 patient medical record verification, 93% patient records were having proper documentation of action taken in the medical record for the critical value as per Critical Value policy for the Parameter in the respective ward during the survey & 7% required improvement in documentation as per policy of documentation.

B) General Medical Intensive Care Unit Ward - Internal patient Safety Goals (IPSG) Goal 2 Analysis:

Table: 7: IPSG Goal 2 Effective Communication compliance Assessment finding of General Medical Intensive Care Unit Ward:

Communication & Documentation	Compliance	Non Compliance
Verbal order documentation	25	0
Verbal orders - Signed (24 hrs)	25	0
Reporting compliance - Critical Values	23	0
Documentation of action taken	21	2

Figure: 7: IPSG Goal 2 Effective Communication compliance Assessment finding of General Medical Intensive Care Unit Ward:

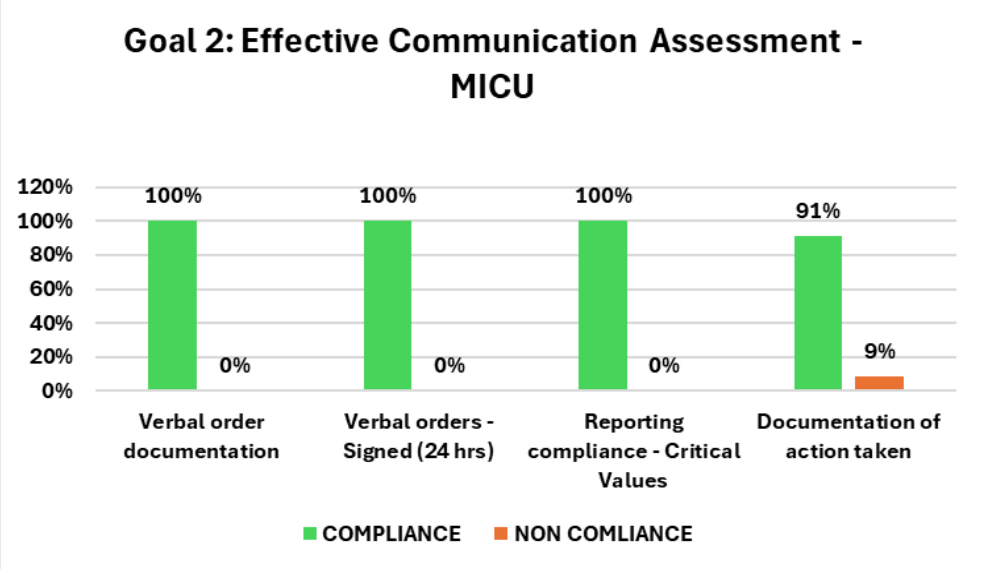


Figure 7 depicts the following findings no highlight

Out of 25 verbal order documentation verification in the verbal order sheet /Medical record in the ward, all 25 verbal records were 100% documented in the medical record of patients in the MICU during the survey.

Out of 25 verbal order documentation verification, 100% verbal records were signed by the giver within 24 hours and 9% were signed by the giver after 24 hours in the MICU during the survey.

Out of 23 patient medical record verification, Reporting compliance of critical value was followed 100% - As per TAT defined in the Critical Value policy for the Parameter in the respective unit during the survey.

Out of 21 patient medical record verification, 91% patient records were having proper documentation of action taken in the medical record for the critical value as per Critical Value policy for the Parameter in the respective ward during the survey & 9% required improvement in documentation as per policy of documentation.no highlight**C) Neurosurgery Intensive Care Unit Ward Analysis - Internal patient Safety Goals (IPSG) Goal 2 Analysis:**

Table: 8: IPSG Goal 2 Effective Communication compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:

Communication & Documentation	Compliance	Non-Compliance
Verbal order documentation	16	2
Verbal orders - Signed (24 hrs)	18	0
Reporting compliance - Critical Values	13	0
Documentation of action taken	13	0

Figure : 8: IPSG Goal 2 Effective Communication compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:

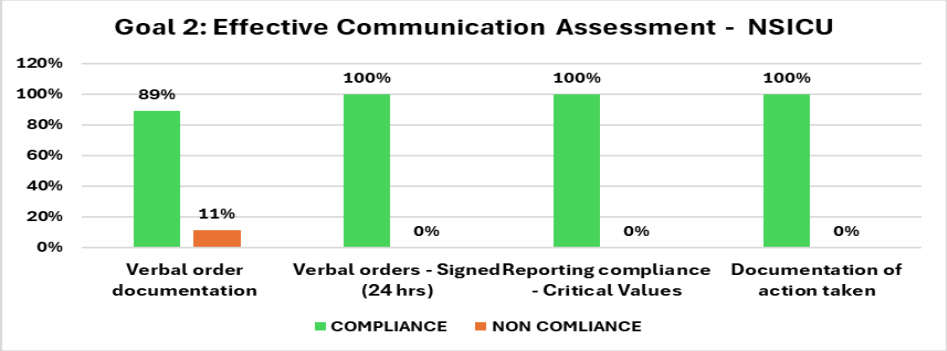


Figure 8 depicts the following findings no highlight

Out of 16 verbal order documentation verification in the verbal order sheet /Medical record in the ward, 89% verbal records were documented & 11% not documented in the medical record of patients in the NSICU during the survey.

Out of 18 verbal order documentation verification, 100% verbal records were signed by the giver within 24 hours in the ward during the survey.

Out of 13 patient medical record verification, Reporting compliance of critical value was followed 100% - As per TAT defined in the Critical Value policy for the Parameter in the respective NSICU during the survey.

Out of 13 patient medical record verification, 100% patient records were having proper documentation of action taken in the medical record for the critical value as per Critical Value policy for the Parameter in the respective ward during the survey.

D) Pediatric Intensive Care Unit Ward Analysis - Internal patient Safety Goals (IPSG) Goal 2 Analysis:

Table: 9: IPSG Goal 2 Effective Communication compliance Assessment finding of Pediatric Intensive Care Unit Ward:

Communication & Documentation	Compliance	Non-Compliance
Verbal order documentation	21	0
Verbal orders - Signed (24 hrs)	21	0
Reporting compliance - Critical Values	12	0
Documentation of action taken	11	1

Figure: 9: IPSG Goal 2 Effective Communication compliance Assessment finding of Pediatric Intensive Care Unit Ward:

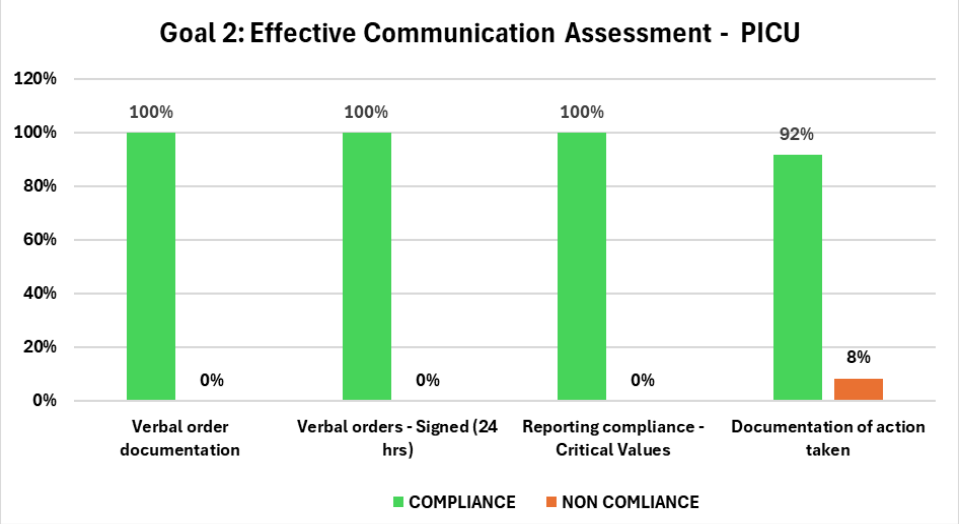


Figure 9 depicts the following findings no highlight

Out of 21 verbal order documentation verification in the verbal order sheet /Medical record in the ward, all 25 verbal records were 100% documented in the medical record of patients in the PICU during the survey.

Communication & Documentation	Compliance	Non-Compliance
Verbal order documentation	27	0
Verbal orders - Signed (24 hrs)	27	0
Reporting compliance - Critical Values	17	0
Documentation of action taken	15	2

Out of 21 verbal order documentation verification, 100% verbal records were signed by the giver within 24 hours n the ward during the survey.

Out of 11 patient medical record verification, Reporting compliance of critical value was followed 100% - As per TAT defined in the Critical Value policy for the Parameter in the respective ward during the survey.

Out of 21 patient medical record verification, 92% patient records were having proper documentation of action taken in the medical record for the critical value as per Critical Value policy for the Parameter in the respective ward during the survey & 8% required improvement in documentation as per policy of documentation.no highlight**Table: 10: IPSG Goal 2 Effective Communication compliance Assessment finding of Cardiac Ward:**

Figure: 10: IPSG Goal 2 Effective Communication compliance Assessment finding of Cardiac Ward:

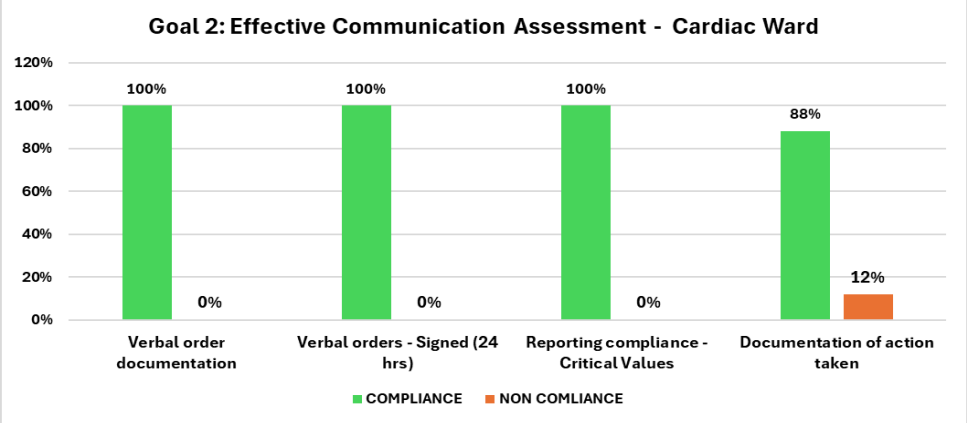


Figure 10 depicts the following findings no highlight

Out of 27 verbal order documentation verification in the verbal order sheet /Medical record in the ward, all 27 verbal records were 100% documented in the medical record of patients in the cardiac ward during the survey.

Out of 217 verbal order documentation verification, 100% verbal records were signed by the giver within 24 hours in the ward during the survey.

Out of 17 patient medical record verification, Reporting compliance of critical value was followed 100% - As per TAT defined in the Critical Value policy for the Parameter in the respective ward during the survey.

Out of 15 patient medical record verification, 88% patient records were having proper documentation of action taken in the medical record for the critical value as per Critical Value policy for the Parameter in the respective ward during the survey & 12% required improvement in documentation as per policy of documentation.

Goal 3;

Improve the Safety

of Medications in Hospital.

Table: 11: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Neurosurgery Ward:

Safety of High Alert Medication	Compliance	Non-Compliance
LASA drugs (Separately and Uniformly)	1	0
High Alert medications (Listed & updated)	1	0
Limited Access & Separate Labeling for Storing	1	0

Fig: 11: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Neurosurgery Ward:

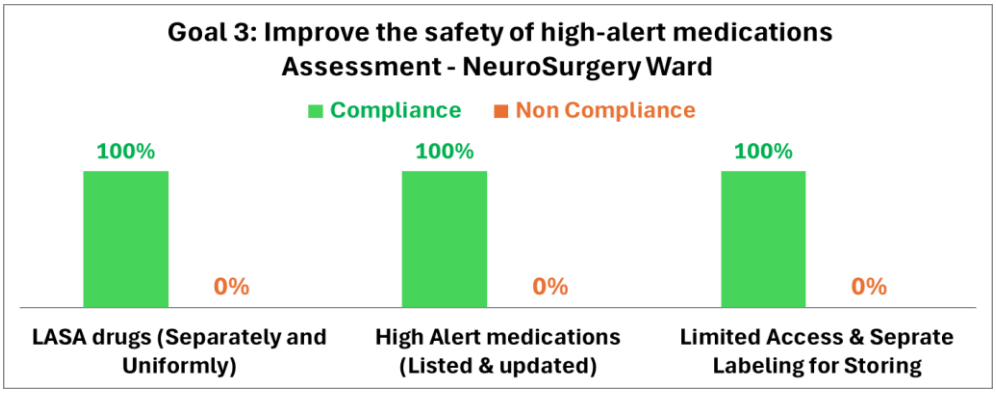


Figure 11 depicts the following findings no highlight

Neurosurgery Ward following 100% LASA (Look Alike & Sound Alike) drugs policy and LASA drugs were kept separately and uniformly as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Neurosurgery Ward following 100% policy & All high alert medications were listed area wise and documented as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Neurosurgery Ward following 100% policy & ensured limited Access to all high risk medication & Separate Labeling for these medications for storing was followed as per the department SOP/ Policy in the ward during the time of assessment of IPSG

Table: 12: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of General Medical Intensive Care Unit Ward:

Improve the safety of high alert medication:	COMPLIANCE	NON COMLIANCE
LASA drugs (Separately and Uniformly)	1	0
High Alert medications (Listed & updated)	1	0
Limited Access & Separate Labelling for Storing	1	0

Fig: 12: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of General Medical Intensive Care Unit Ward:

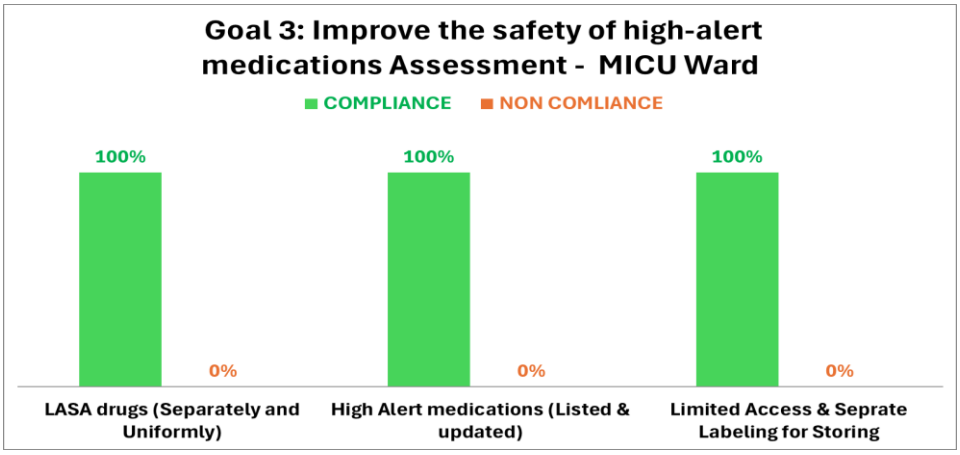


Table: 13: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:

Improve the safety of high alert medication:	COMPLIANCE	NON COMLIANCE
LASA drugs (Separately and Uniformly)	1	0
High Alert medications (Listed & updated)	1	0
Limited Access & Separate Labelling for Storing	1	0

Figure: 13: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:

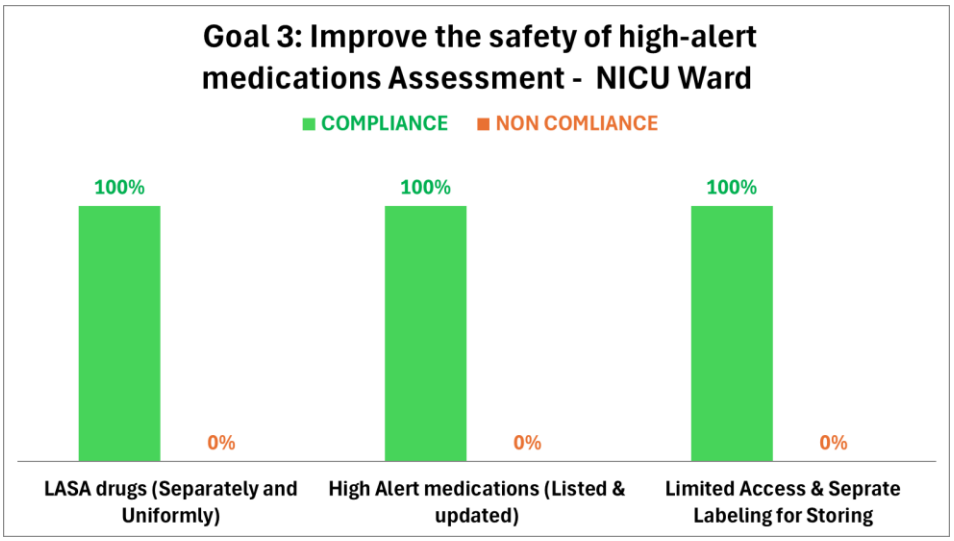


Table: 14: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Pediatric Intensive Care Unit Ward:

Improve the safety of high alert medication:	COMPLIANCE	NON COMLIANCE
LASA drugs (Separately and Uniformly)	1	0
High Alert medications (Listed & updated)	1	0
Limited Access & Separate Labelling for Storing	1	0

Figure: 14: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Pediatric Intensive Care Unit Ward:

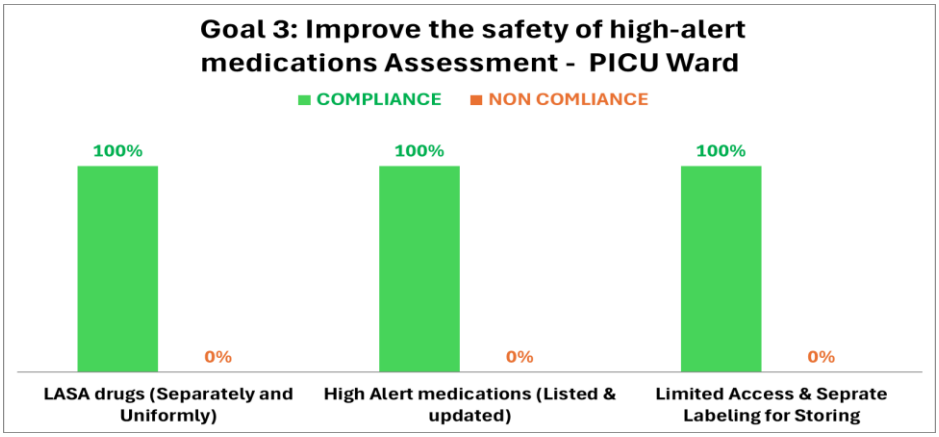
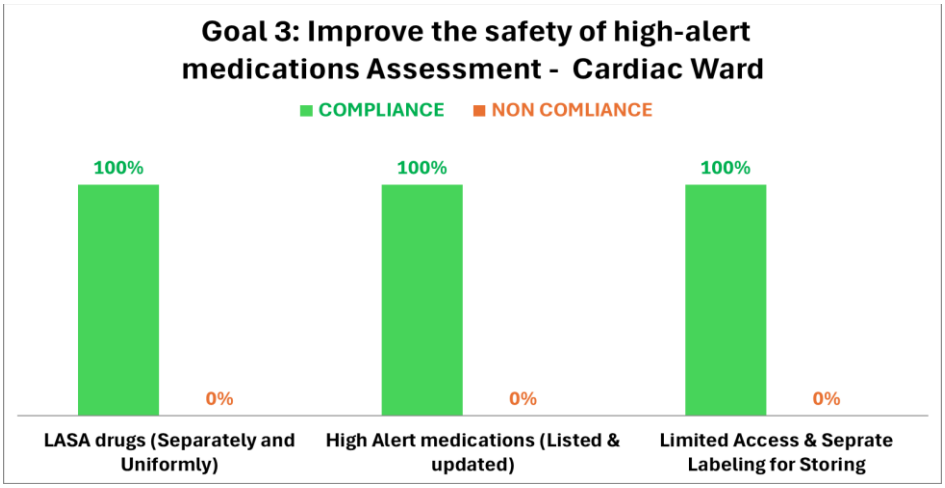


Table: 15: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Cardiac Ward:

Improve the safety of high alert medication:	COMPLIANCE	NON COMLIANCE
LASA drugs (Separately and Uniformly)	1	0
High Alert medications (Listed & updated)	1	0
Limited Access & Separate Labelling for Storing	1	0

Figure: 15: IPSG Goal 3 Improve the Safety of High Alert Medication in Hospital compliance Assessment finding of Cardiac Ward:



Goal 5:

Reduce the Risk of

Healthcare-Associated infections

like hospital-acquired infections in hospitals.

The hospital implements evidence-based hand hygiene guidelines to reduce the risk of healthcare-associated infections.

Intent of IPSG.

Proper hand hygiene is central to the elimination of hospital-associated and other infections

Table: 16: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Neurosurgery Ward:

Hospital Associated Infection Criterias	Compliance	Non-Compliance
Hand washing and hand disinfection Practice	46	4
Hand washing followed before touching the patient	44	6
Hand washing followed before Clean and aseptic procedure	47	3
Hand washing followed after touching a patient	50	0
Hand washing followed after touching patient surrounding	50	0

Table 16 depicts the following findings no highlight

Out of 50 observations, 46 times Hand washing and hand disinfection process was practiced by ward staff and 4 times missed the practice as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, 46 times Hand washing was followed before touching the patients and 4 times missed the hand washing before touching the patient as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, 47 times Hand washing was followed before Clean & aseptic procedure and 3 times missed the hand washing before Clean & aseptic procedure as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, all 50 times Hand washing was followed after touching the patients as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, all 50 times Hand washing was followed after touching patient surroundings as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Figure: 16: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Neurosurgery Ward:

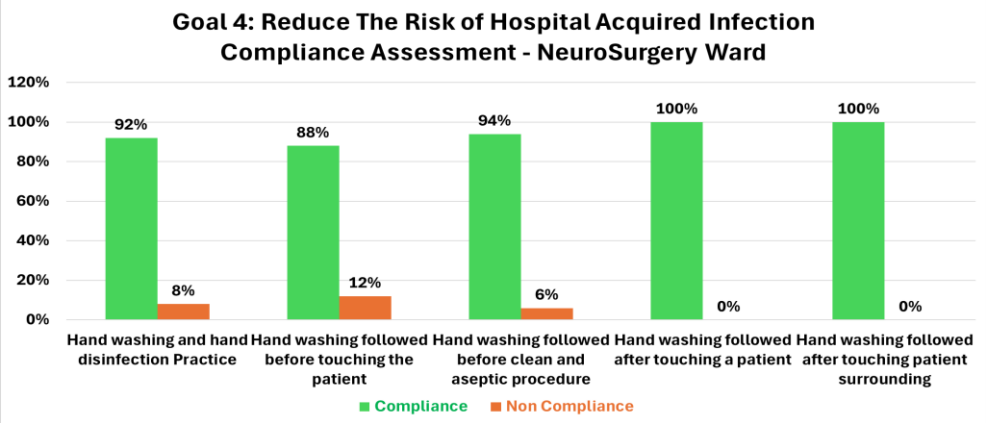


Figure 16 depicts the following findings no highlight

Out of 50 observations, 92% times Hand washing and hand disinfection process was practiced by ward staff and 8% times missed the practice as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, 88% times Hand washing was followed before touching the patients and 12% times missed the hand washing before touching the patient as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, 94% times Hand washing was followed before Clean & aseptic procedure and 6% times missed the hand washing before Clean & aseptic procedure as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching the patients as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching patient surroundings as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Table: 17: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of General Medical Intensive Care Unit Ward:

Hospital Associated Infection Criterias	Comp.	Non-Compliance
Hand washing and hand disinfection	48	2
hand washing followed before touching the patient	43	7
Hand washing followed Before Clean and aseptic procedure	47	3
Hand washing followed after touching a patient	46	4
Hand washing followed after touching patient surrounding	50	0

Figure: 17: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of General Medical Intensive Care Unit Ward:

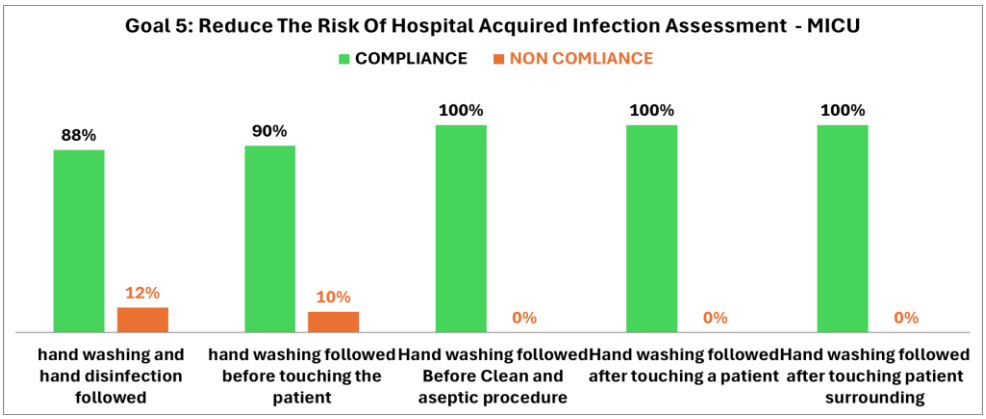


Figure 16 depicts the following findings no highlight

Out of 50 observations, 88% times Hand washing and hand disinfection process was practiced by ward staff and 12% times missed the practice as per the department SOP/ Policy in the MICU during the time of assessment of IPSG.

Out of 50 observations, 90% times Hand washing was followed before touching the patients and 10% times missed the hand washing before touching the patient as per the department SOP/ Policy in the MICU during the time of assessment of IPSG.

Out of 50 observations, 100% times Hand washing was followed before Clean & aseptic procedure as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching the patients as per the department SOP/ Policy in the MICU during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching patient surroundings as per the department SOP/ Policy in the MICU during the time of assessment of IPSG.

Table: 18: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:

Hospital Associated Infection Criteria's	Comp	Non-Comp
Hand washing and hand disinfection	48	2
hand washing followed before touching the patient	43	7
Hand washing followed Before Clean and aseptic procedure	47	3
Hand washing followed after touching a patient	46	4
Hand washing followed after touching patient surrounding	50	0

Figure: 18: Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Neurosurgery Intensive Care Unit Ward:

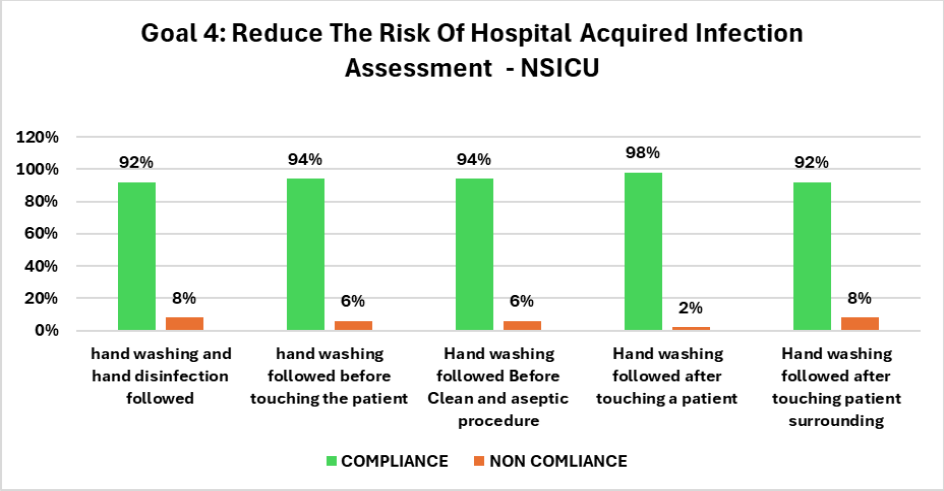


Figure 18 depicts the following findings no highlight

Out of 50 observations, 92% times Hand washing and hand disinfection process was practiced by ward staff and 8% times missed the practice as per the department SOP/ Policy in the NSICU during the time of assessment of IPSG.

Out of 50 observations, 94% times Hand washing was followed before touching the patients and 6% times missed the hand washing before touching the patient as per the department SOP/ Policy in the NSICU during the time of assessment of IPSG.

Out of 50 observations, 94% times Hand washing was followed before Clean & aseptic procedure and 6% times missed before Clean & aseptic procedure as per the department SOP/ Policy in the NSICU during the time of assessment of IPSG.

Out of 50 observations, all 98% times Hand washing was followed after touching the patients and 2% times missed after touching the patients as per the department SOP/ Policy in the NSICU during the time of assessment of IPSG.

Out of 50 observations, 92% times Hand washing was followed after touching patient surroundings and 8% missed times after touching patient surroundings as per the department SOP/ Policy in the NSICU during the time of assessment of IPSG.

Table: 19: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Pediatric Intensive Care Unit Ward:

Hospital Associated Infection Criteria's	Comp	Non-Comp
Hand washing and hand disinfection	48	2
hand washing followed before touching the patient	47	3
Hand washing followed Before Clean and aseptic procedure	47	3
Hand washing followed after touching a patient	50	0
Hand washing followed after touching patient surrounding	50	0

Figure: 19: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Pediatric Intensive Care Unit Ward:

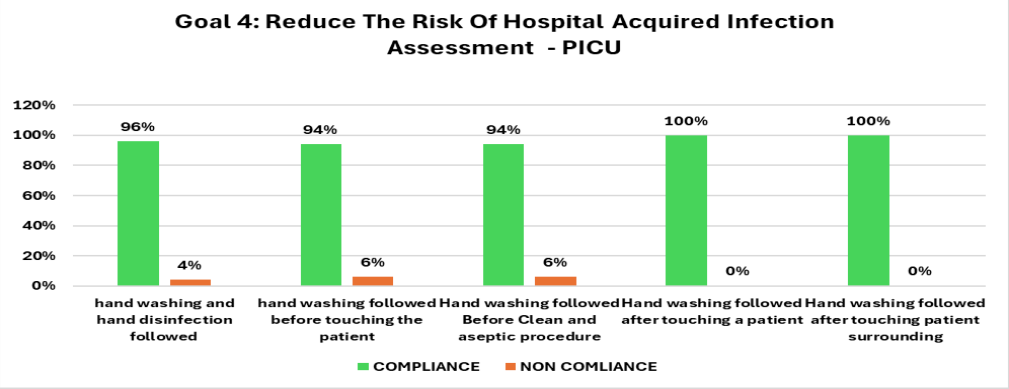


Figure 19: depicts the following findings no highlight

Out of 50 observations, 96% times Hand washing and hand disinfection process was practiced by ward staff and 4% times missed the practice as per the department SOP/ Policy in the PICU during the time of assessment of IPSG.

Out of 50 observations, 94% times Hand washing was followed before touching the patients and 6% times missed the hand washing before touching the patient as per the department SOP/ Policy in the PICU during the time of assessment of IPSG.

Out of 50 observations, 94% times Hand washing was followed before Clean & aseptic procedure and 6% times missed before Clean & aseptic procedure as per the department SOP/ Policy in the during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching the patients as per the department SOP/ Policy in the PICU during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching patient surroundings as per the department SOP/ Policy in the PICU during the time of assessment of IPSG.

Table: 20: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Cardiac Ward:

Hospital Associated Infection Criteria's	Comp	Non-Comp
Hand washing and hand disinfection	48	2
hand washing followed before touching the patient	49	1
Hand washing followed Before Clean and aseptic procedure	45	5
Hand washing followed after touching a patient	50	0
Hand washing followed after touching Patient surrounding	50	0

Figure: 20: IPSG Goal 5 Reduce the Risk of hospital Associated Infection - compliance Assessment finding of Cardiac Ward:

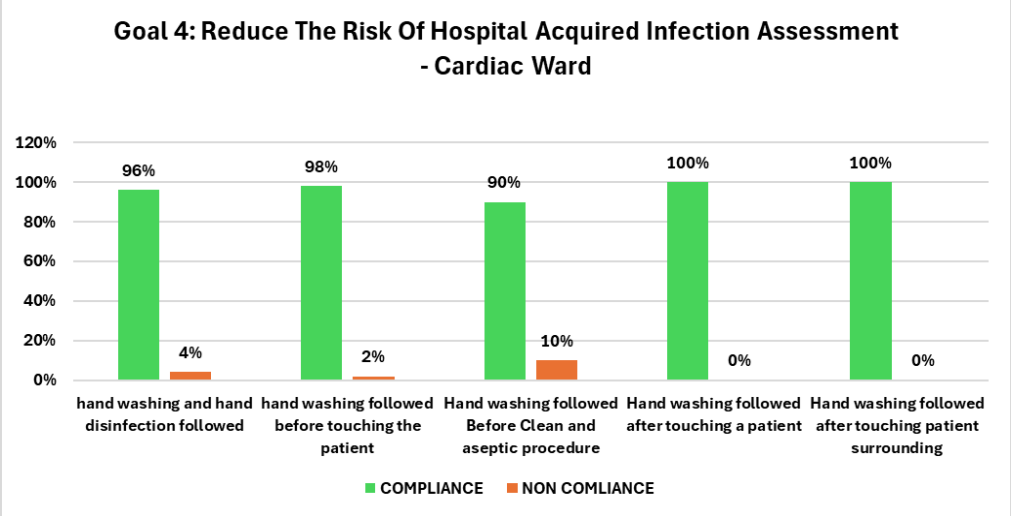


Figure 20: depicts the following findings no highlight

Out of 50 observations, 96% times Hand washing, and hand disinfection process was practiced by ward staff and 4% times missed the practice as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, 98% times Hand washing was followed before touching the patients and 2% times missed the hand washing before touching the patient as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, 90% times Hand washing was followed before Clean & aseptic procedure and 10% times missed before Clean & aseptic procedure as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching the patients as per the department SOP/ Policy in the PICU during the time of assessment of IPSG.

Out of 50 observations, all 100% times Hand washing was followed after touching patient surroundings as per the department SOP/ Policy in the ward during the time of assessment of IPSG.

Table:21: Master Compliance & Non-Compliance assessment Sheet of all Wards of SDMH Hospital.

INTERNATIONAL PATIENT SAFETY GOAL (IPSG) ASSESSMENT	NeuroSurgery Ward		MICU WARD		Neurosurgery ICU		Pediatric ICU Ward		Cardiac Ward	
IPSG Goal 1: Patient Identify Currectly	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance
ID Band - patient's wrist	48	2	49	1	49	1	48	2	48	2
Two identifiers - Checked by SN	42	8	48	2	47	3	48	2	47	3
Sample collection (labeled = Pt name = MRN)	18	0	24	0	6	0	14	0	21	0
Two identifiers - Before Sample Collection	18	0	24	0	6	0	14	0	21	0
Two identifiers - Before Diet	35	15	48	2	46	4	47	3	50	0
IPSG Goal 2: Effective Communication	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance
Verbal order documentation	23	0	25	0	16	2	21	0	27	0
Verbal orders - Signed (24 hrs)	21	2	25	0	18	0	21	0	27	0
Reporting compliance - Critical Values	15	0	23	0	13	0	12	0	17	0
Documentation of action taken of CV	14	1	21	2	13	0	11	1	17	0
IPSG Goal 3: Improve the safety of high-alert medications.	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance
LASA drugs (Separately and Uniformly)	1	0	1	0	1	0	1	0	1	0
High Alert medications (Listed & updated)	1	0	1	0	1	0	1	0	1	0
Limited Access & Seprate Labeling for Storing	1	0	1	0	1	0	1	0	1	0
IPSG Goal 5: Reduce The Risk Of Hospital Acquired Infection	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance
Hand washing and hand disinfection Practice	46	4	44	6	46	4	48	2	48	2
Hand washing followed before touching the patient	44	6	45	5	47	3	47	3	43	7
Hand washing followed before clean and aseptic procedure	47	3	50	0	47	3	47	3	47	3
Hand washing followed after touching a patient	50	0	50	0	49	1	50	0	46	4
Hand washing followed after touching patient surrounding	50	0	50	0	46	4	50	0	50	0

Table:22: Percentage (%) - Master Compliance & Non-Compliance assessment Sheet of all Wards of SDMH Hospital.

INTERNATIONAL PATIENT SAFETY GOAL (IPSG) ASSESSMENT	NeuroSurgery Ward		MICU WARD		Neurosurgery ICU Ward		Pediatric ICU Ward		Cardiac Ward	
IPSG Goal 1: Patient Identify Currectly	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	NonCompliance	Compliance	NonCompliance
Is the ID band correctly attached to the patient's wrist?	96%	4%	98%	2%	98%	2%	96%	4%	96%	4%
Were two identifiers checked before medication administration to patient by respective Staff Nurses?	84%	16%	96%	4%	94%	6%	96%	4%	94%	6%
Is sample collection container labelled with patient's full name and MRN before sample collection?	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Were two identifiers checked before sample collection from patient?	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Are the two identifiers used for the process for Serving diet / food?	70%	30%	96%	4%	92%	8%	94%	6%	100%	0%
IPSG Goal 2: Effective Communication	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	NonCompliance	Compliance	NonCompliance
Verbal order documentation in verbal order sheet /Medical record	100%	0%	100%	0%	89%	11%	100%	0%	100%	0%
Verbal orders are signed by the giver within 24 hours	91%	9%	100%	0%	100%	0%	100%	0%	100%	0%
Reporting compliance of critical value- As per TAT defined inthe policy for the Parameter	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Documentation of action taken in medical record for the critical value	93%	7%	91%	9%	100%	0%	92%	8%	100%	0%
IPSG Goal 3: Improve the safety of high-alert medications.	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	NonCompliance	Compliance	NonCompliance
LASA (Look Alike & Sound Alike) drugs kept separately and uniformly throughout the hospital	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
All High Alert medications listed area wise & updated on timely manner	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Limited Access to high risk medication & Seprate Labeling for Storing	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
IPSG Goal 5: Reduce The Risk Of Hospital Acquired Infection	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	Non Compliance	Compliance	NonCompliance	Compliance	NonCompliance
hand washing and hand disinfection practiced in the ward	92%	8%	88%	12%	92%	8%	96%	4%	96%	4%
Hand washing followed before touching the patient	88%	12%	90%	10%	94%	6%	94%	6%	86%	14%
Hand washing followed Before Clean and aseptic procedure	94%	6%	100%	0%	94%	6%	94%	6%	94%	6%
Hand washing followed after touching a patient	100%	0%	100%	0%	98%	2%	100%	0%	92%	8%
Hand washing followed after touching patient surrounding	100%	0%	100%	0%	92%	8%	100%	0%	100%	0%

Above both tables explain about compiled compliance and noncompliance assessment score of International Patient Safety Goals (IPSG) in five wards (Neurosurgery Ward, General Medical Intensive Care Unit Ward, Neurosurgery Intensive Care Unit Ward, Pediatric Intensive Care Unit Ward, Cardiac Ward) of Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan.

International Patient Safety Goals (IPSG) wise SDMH Hospital Score is calculated based on IPSG Goal Wise Cumulative Total and IPSG Goal Wise Average which is explained below:

SDMH HOSPITAL SCORING

BASED ON - TOTAL SCORE OF WARD

IPSG Goal 1: Patient Identify Correctly				
Patient Identify Correctly	HOSPITAL SCORING: GOAL 1: BASED ON TOTAL SCORE OF WARDS			
	TOTAL SCORE		% TOTAL SCORE	
Element	Comp	Non Comp	Comp	Non Comp
ID Band - patient's wrist	242	8	97%	3%
Two identifiers - Checked by SN	232	18	93%	7%
Sample collection (labeled + Pt name + MRN)	83	0	100%	0%
Two identifiers - Before Sample Collection	83	0	100%	0%
Two identifiers - Before Diet	226	24	90%	10%
IPSG Goal 2: Effective Communication				
Patient Identify Currectly	HOSPITAL SCORING: GOAL 1: BASED ON TOTAL SCORE OF WARDS			
	TOTAL SCORE		% TOTAL SCORE	
Element	Comp	Non Comp	Comp	Non Comp
Verbal order documentation	112	2	98%	2%
Verbal orders - Signed (24 hrs)	112	2	98%	2%
Reporting compliance - Critical Values	80	0	100%	0%
Documentation of action taken of CV	76	4	95%	5%
IPSG Goal 3: Improve the safety of high-alert medications.				
Patient Identify Currectly	HOSPITAL SCORING: GOAL 1: BASED ON TOTAL SCORE OF WARDS			
	TOTAL SCORE		% TOTAL SCORE	
Element	Comp	Non Comp	Comp	Non Comp
LASA drugs (Separately and Uniformly)	5	0	100%	0%
High Alert medications (Listed & updated)	5	0	100%	0%
Limited Access & Seprate Labeling for Storing	5	0	100%	0%
IPSG Goal 5: Reduce The Risk Of Hospital Acquired Infection				
Patient Identify Currectly	HOSPITAL SCORING: GOAL 1: BASED ON TOTAL SCORE OF WARDS			
	TOTAL SCORE		% TOTAL SCORE	
Element	Comp	Non Comp	Comp	Non Comp
Hand washing and hand disinfection Practice	232	18	93%	7%
Hand washing followed before touching the patient	226	24	90%	10%
Hand washing followed before clean and aseptic procedure	238	12	95%	5%
Hand washing followed after touching a patient	245	5	98%	2%
Hand washing followed after touching patient surrounding	246	4	98%	2%

SDMH HOSPITAL SCORING

BASED ON AVERAGE SCORING OF WARD

IPSG Goal 1: Patient Identify Correctly				
Patient Identify Correctly	HOSPITAL SCORING: BASED ON AVARAGE SCORE OF WARDS			
	AVERAGE SCORE		% AVERAGE SCORE	
Element	Comp	Non-Comp	Comp	Non-Comp
ID Band - patient's wrist	48	2	97%	3%
Two identifiers - Checked by SN	46	4	93%	7%
Sample collection (labeled + Pt name + MRN)	17	0	100%	0%
Two identifiers - Before Sample Collection	17	0	100%	0%
Two identifiers - Before Diet	45	5	90%	10%
IPSG Goal 2: Effective Communication				
Patient Identify Currectly	HOSPITAL SCORING: BASED ON AVARAGE SCORE OF WARDS			
	AVERAGE SCORE		% AVERAGE SCORE	
Element	Comp	Non-Comp	Comp	Non-Comp
Verbal order documentation	22	0	98%	2%
Verbal orders - Signed (24 hrs)	22	0	98%	2%
Reporting compliance - Critical Values	16	0	100%	0%
Documentation of action taken of CV	15	1	95%	5%
IPSG Goal 3: Improve the safety of high-alert medications.				
Patient Identify Currectly	HOSPITAL SCORING: BASED ON AVARAGE SCORE OF WARDS			
	AVERAGE SCORE		% AVERAGE SCORE	
Element	Comp	Non-Comp	Comp	Non-Comp
LASA drugs (Separately and Uniformly)	1	0	100%	0%
High Alert medications (Listed & updated)	1	0	100%	0%
Limited Access & Seprate Labeling for Storing	1	0	100%	0%
IPSG Goal 5: Reduce The Risk Of Hospital Acquired Infection				
Patient Identify Currectly	HOSPITAL SCORING: BASED ON AVARAGE SCORE OF WARDS			
	AVERAGE SCORE		% AVERAGE SCORE	
Element	Comp	Non-Comp	Comp	Non-Comp
Hand washing and hand disinfection Practice	46	4	93%	7%
Hand washing followed before touching the patient	45	5	90%	10%
Hand washing followed before clean and aseptic procedure	48	2	95%	5%
Hand washing followed after touching a patient	49	1	98%	2%
Hand washing followed after touching patient surrounding	49	1	98%	2%

Finding:

Based on Exploratory – Cross-sectional study for 2 months at 5 wards of SDMH Hospital, Jaipur. I have conducted the compliance assessment under International patient Safety Goal (IPSG) for IPSG 1,2,3,& 5 goals. Following are the key results for the same;

IPSG Goal – Patient Identify Correctly :1 : Based on average of total compliance under IPSG 1 Goal, Hospital has achieved 96% compliance and 4% noncompliance.

IPSG Goal – Effective Communication :2 : Based on average of total compliance under IPSG 2 Goal, Hospital has achieved 98% compliance and 2% noncompliance.

IPSG Goal – Improve the safety of high-alert medications :3 : Based on average of total compliance under IPSG 3 Goal, Hospital has achieved 100% compliance and 3% noncompliance.

IPSG Goal – Reduce The Risk Of Hospital Acquired Infection:5 : Based on average of total compliance under IPSG 5 Goal, Hospital has achieved 95% compliance and 5% noncompliance.

Overall, the health facility continues strong average compliance in key areas, particularly with excessive-alert medicinal drugs and crucial value reporting. Some areas, which includes patient identity before weight loss program and hand washing practices, imply ability for further improvement.

Recommendation:

- Regular training and update sessions on IPSGs for every department employee for their regular upgradation about quality parameters.
- Regular – Quarterly basis internal assessment can be practiced by all department.
- Staff should be sensitized about the possible risk involved due to noncompliance of strap belt on wheelchairs.
- Regular audits of documentation should be done, and the respected team should be trained accordingly.
- Staff should be sensitized about the hospital acquired infection and importance of five movements of hand hygiene.

- Every Department should develop IPSG action plan with timeline and responsibility for all identified gaps in IPSG implementation.
- Quarterly review of all departments using IPSG action plan by Quality department.

Ethical & Gender Consideration:

1. Clearance from the Hospital Team
2. Ethical consideration: Relevance, rationale & technical considerations
3. Gender & Culture Sensitiveness approved.
4. Informed Consent & Confidentiality, Privacy of responses & data.
5. Only for research purposes.

Limitations of the Study:

1. Cross-Sectional Study
2. Limited Time Duration
3. Limited Resources (Financial & Human Resources)

Study Timeline:

Activity	1st - 2nd Week	3rd - 4th Week	5th - 6th Week	7th - 8th Week
Review of Literature				
Developing Tool & Testing				
Validity of Tool				
Data Collection using Tool				
Data Preparation & Management				
Data Analysis				
Report Writing				

References:

1. *Brown A, Johnson B. (2021). "Impact of Internal Patient Safety Goals on Hospital-Acquired Infections." Journal of Healthcare Quality, 34(2), 45-53.*
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4. *Jones R, Peters S. (2019). "Implementation Strategies for Internal Patient Safety Goals in Healthcare Organizations." International Journal of Health Management & Information Systems, 12(1), 18-27.*
5. *Roberts E, Lee K. (2022). "Barriers to Achieving Internal Patient Safety Goals: A Systematic Review." Healthcare Management Review, 45(2), 87-95.*

ANNEXURES: 1

INTERNATIONAL PATIENT SAFETY GOAL (IPSG) ASSESSMENT	NeuroSurgery Ward		MICU WARD		Neurosurgery ICU		Pediatric ICU Ward		Cardiac Ward	
IPSG Goal 1: Patient Identify Currectly	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
ID Band - patient's wrist	48	2	49	1	49	1	48	2	48	2
Two identifiers - Checked by SN	42	8	48	2	47	3	48	2	47	3
Sample collection (labeled + Pt name + MRN)	18	0	24	0	6	0	14	0	21	0
Two identifiers - Before Sample Collection	18	0	24	0	6	0	14	0	21	0
Two identifiers - Before Diet	35	15	48	2	46	4	47	3	50	0
IPSG Goal 2: Effective Communication	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
Verbal order documentation	23	0	25	0	16	2	21	0	27	0
Verbal orders - Signed (24 hrs)	21	2	25	0	18	0	21	0	27	0
Reporting compliance - Critical Values	15	0	23	0	13	0	12	0	17	0
Documentation of action taken of CV	14	1	21	2	13	0	11	1	17	0
IPSG Goal 3: Improve the safety of high-alert medications.	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
LASA drugs (Separately and Uniformly)	1	0	1	0	1	0	1	0	1	0
High Alert medications (Listed & updated)	1	0	1	0	1	0	1	0	1	0
Limited Access & Seprate Labeling for Storing	1	0	1	0	1	0	1	0	1	0
IPSG Goal 5: Reduce The Risk Of Hospital Acquired Infection	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
Hand washing and hand disinfection Practice	46	4	44	6	46	4	48	2	48	2
Hand washing followed before touching the patient	44	6	45	5	47	3	47	3	43	7
Hand washing followed before clean and aseptic procedure	47	3	50	0	47	3	47	3	47	3
Hand washing followed after touching a patient	50	0	50	0	49	1	50	0	46	4
Hand washing followed after touching patient surrounding	50	0	50	0	46	4	50	0	50	0

ANNEXURES: 2

INTERNATIONAL PATIENT SAFETY GOAL (IPSG) ASSESSMENT	NeuroSurgery Ward		MICU WARD		Neurosurgery ICU Ward		Pediatric ICU Ward		Cardiac Ward	
IPSG Goal 1: Patient Identify Currectly	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
Is the ID band correctly attached to the patient's wrist?	96%	4%	98%	2%	98%	2%	96%	4%	96%	4%
Were two identifiers checked before medication administration to patient by respective Staff Nurses?	84%	16%	96%	4%	94%	6%	96%	4%	94%	6%
Is sample collection container labelled with patient's full name and MRN before sample collection?	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Were two identifiers checked before sample collection from patient?	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Are the two identifiers used for the process for Serving diet / food?	70%	30%	96%	4%	92%	8%	94%	6%	100%	0%
IPSG Goal 2: Effective Communication	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
Verbal order documentation in verbal order sheet /Medical record	100%	0%	100%	0%	89%	11%	100%	0%	100%	0%
Verbal orders are signed by the giver within 24 hours	91%	9%	100%	0%	100%	0%	100%	0%	100%	0%
Reporting compliance of critical value- As per TAT defined inthe policy for the Parameter	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Documentation of action taken in medical record for the critical value	93%	7%	91%	9%	100%	0%	92%	8%	100%	0%
IPSG Goal 3: Improve the safety of high-alert medications.	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
LASA (Look Alike & Sound Alike) drugs kept separately and uniformly throughout the hospital	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
All High Alert medications listed area wise & updated on timely manner	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
Limited Access to high risk medcation & Seprate Labeling for Storing	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%
IPSG Goal 5: Reduce The Risk Of Hospital Acquired Infection	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
hand washing and hand disinfection practiced in the ward	92%	8%	88%	12%	92%	8%	96%	4%	96%	4%
hand washing followed before touching the patient	88%	12%	90%	10%	94%	6%	94%	6%	86%	14%
Hand washing followed Before Clean and aseptic procedure	94%	6%	100%	0%	94%	6%	94%	6%	94%	6%
Hand washing followed after touching a patient	100%	0%	100%	0%	98%	2%	100%	0%	92%	8%
Hand washing followed after touching patient surrounding	100%	0%	100%	0%	92%	8%	100%	0%	100%	0%

ANNEXURE: 3: TOTAL SURVEY DETAILS

Ward Name	IPSG 1	IPSG 2	IPSG 3	IPSG 5	Total
Neurosurgery Ward	50	23	1	50	50
MICU WARD	50	25	1	50	50
Neurosurgery ICU Ward	50	18	1	50	50
Pediatric ICU Ward	50	21	1	50	50
Cardiac Ward	50	27	1	50	50
Total Survey & Observation	**250**	**114**	**5**	**250**	**250**

ANNEXURE: 4: INTERNATIONAL PATIENT SAFETY GOAL (IPSG) ASSESSMENT TOOL

INTERNATIONAL PATIENT SAFETY GOAL (IPSG) ASSESSMENT TOOL	NeuroSurgery Ward		MICU WARD		Neurosurgery ICU		Pediatric ICU Ward		Cardiac Ward	
IPSG Goal 1: Patient Identify Currectly	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
Is the ID band correctly attached to the patient's wrist?										
Were two identifiers checked before medication administration to patient by respective Staff Nurses?										
Is sample collection container labelled with patient's full name and MRN before sample collection?										
Were two identifiers checked before sample collection from patient?										
Are the two identifiers used for the process for Serving diet / food?										
IPSG Goal 2: Effective Communication	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
Verbal order documentation in verbal order sheet /Medical record										
Verbal orders are signed by the giver within 24 hours										
Reporting compliance of critical value- As per TAT defined inthe policy for the Parameter										
Documentation of action taken in medical record for the critical value										
IPSG Goal 3: Improve the safety of high-alert medications.	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
LASA (Look Alike & Sound Alike)drugs kept separately - (Separately and Uniformly)										
Are all high alert medications listed area wise (Listed & updated)										
LASA and high risk medcation is separated, Limited Access & Seprate Labeling for Storing										
IPSG Goal 5: Reduce The Risk Of Hospital Acquired Infection	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**	**Compliance**	**Non Compliance**
Hand washing and hand disinfection Practice										
Hand washing followed before touching the patient										
Hand washing followed before clean and aseptic procedure										
Hand washing followed after touching a patient										
Hand washing followed after touching patient surrounding										