ADVANCING PATIENT SAFEY: STRATEGIES FOR COMPREHENSIVE ASSESSMENT AND IMPROVEMENT OF INTERNATIONAL PATIENT SAFETY GOALS

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Overview of the organisation:

Shri Mata Vaishno Devi Narayan Super Specialty Hospital, Katra, Jammu

The SMVDN Super Specialty Hospital in Jammu and Kashmir, accredited by the National Accreditation Board for Hospitals & Healthcare Providers, was inaugurated by Prime Minister Narendra Modi on 19 April 2016. Located in Kakryal near Katra and associated with the Shri Mata Vaishno Devi Shrine Board, it provides advanced medical services in over 20 specialties, including Cardiology, Gastroenterology, Orthopedics, and Renal Sciences. With a focus on quality and affordability, the hospital offers comprehensive care, serving around 6,000 OPD patients and 1,200 inpatients monthly, and performing 500 surgeries per month. It combines modern technology and highly qualified staff to deliver world-class healthcare, ensuring excellent patient outcomes and community well-being.

INTRODUCTION:-

- To meet public expectations for safe, quality care, healthcare organizations must address core patient safety and quality-of-care issues. Patient safety is paramount as medical therapy can be both beneficial and harmful. Key factors include promptness, accessibility, and effectiveness of care. Improving healthcare delivery systems requires a strong focus on patient safety, leading institutions to implement various programs, including accreditation, to monitor services.
- **Patient safety** is be defined as "the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum." Within the framework of a wider health system, it may be defined as "a framework of organized activities that creates cultures, processes, procedures, behaviours, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make error less likely and reduce impact of harm when it does occur."

- The **Joint Commission International** developed the **International Patient Safety Goals (IPSG)** to enhance global patient safety. These goals are supported by evidence-based practices and include:

1. Identify Patients Correctly.
2. Improve Effective Communication.
3. Improve the Safety of High-Alert Medications.
4. Ensure Correct Site, Procedure, and Patient Surgery.
5. Reduce the Risk of Healthcare-Associated Infections.
6. Reduce the Risk of Patient Harm from Falls.

- Patient safety is a global concern requiring expertise from various fields. The World Health Organization (WHO) established the World Alliance for Patient Safety in 2004, focusing on hand hygiene, surgical safety, infection prevention, and patient engagement. The IPSGs aim to raise awareness and ensure quality care through collaboration between WHO and the Joint Commission International, addressing critical vulnerabilities in the healthcare system.

IPSG One: Identify Patients Correctly.

- It focuses on enhancing patient safety through precise patient identification procedures. Errors from incorrect identification, caused by sedation, disorientation, location changes, or sensory impairments, can lead to serious consequences like incorrect treatments.
- The **goals** of IPSG One are:

1. Accurately identifying each patient for their intended service or treatment.
2. Ensuring the correct service or treatment is provided to the identified patient.

- Hospitals use policies requiring at least two identifiers, usually the patient's full name and MRN, avoiding room numbers or locations. Patient identification must be verified before administering medications, blood, taking samples, or any treatment/procedure. Policies enforce consistent compliance across the hospital to ensure accurate identification.
- Key components include:

- Using two identifiers (not room numbers) to identify patients.
- Verifying identity before administering medications, blood products, or tests.
- Ensuring identification before treatments or procedures.

- Strict adherence to these guidelines enhances patient safety, reduces errors, and maintains high care standards.

IPSG Two: Improve Effective Communication.

- IPSG 2 focuses on improving communication effectiveness in hospitals through three main elements:

1. **Critical value reporting**
2. **Verbal orders**
3. **Shift handovers**

- Effective communication should be clear, concise, timely, accurate, complete, and easily understood. Key areas prone to errors include verbal medication orders (only allowed in emergencies) and telephone orders from physicians, which must follow local regulations.
- Key elements of IPSG 2 include:

- Limiting verbal medication orders to emergencies.
- Implementing a systematic method for documenting telephone orders, including order transcription, read-back verification, timestamps, prescriber badge numbers, and signatures for accountability.

- Structured reporting of critical test results with read-back verification by the recipient.
- Standardizing handover communication using the ISBAR(identity, situation, background, assessment and recommendation) method for uniformity and comprehensiveness during patient care transitions.

Measurable elements of IPSG 2:

- Written documentation of verbal and telephone orders or test results.
- Read-back verification and confirmation of orders or test results.
- Policies ensuring consistent verification practices for verbal and telephone communications.

By following these protocols, healthcare facilities can enhance patient safety and reduce errors related to communication, ensuring timely and accurate information exchange.

IPSG Four: Ensure Correct Site, Procedure, and Patient for Surgery

- The hospital has implemented an extensive process to ensure surgeries are performed on the correct site, with the correct procedure, and on the correct patient, addressing wrong-site, wrong-procedure, and wrong-patient surgeries. This Universal Protocol combats errors arising from communication gaps, patient non-participation in marking, and inadequate verification.
- **Elements of Universal Protocol:**

1. **Site Markings:**
    1. The procedure planner marks the site consistently with a predetermined marker, ideally with the patient awake.
    2. Clear and consistent marking is required for bilateral organs, limbs, or specific anatomic sites.
2. **Preoperative Verification:**
    1. Use checklists or tools to confirm the correct site, procedure, and patient.
    2. Ensure all documents and equipment are correct and available.
3. **Time-Out Procedure:**
    1. Conduct a "time-out" before anesthesia or the procedure, involving the entire surgical team and using two identifiers to verify the patient's identity, procedure, site, and equipment.

- **Measurable Elements of IPSG Four:**
- **Surgical-Site Marking:**
  - Use a recognizable mark and involve the patient in the marking process.
- **Preoperative Verification:**
  - Utilize a checklist to verify the correct site, procedure, and patient, and ensure all necessary documents and equipment are available and functional.
- **Time-Out Procedure:**
  - Document and conduct a time-out procedure before surgery.
- **Supporting Policies:**
  - Implement policies for standardized processes for correct site, procedure, and patient, extending to medical and dental procedures outside the theatre.
- These protocols and measurable elements reduce surgical errors and improve team communication, enhancing patient safety.

FOR IPSG 6:Reduce the Risk of Patient Harm from Falls.

- Addressing patient falls in acute care settings requires effective compliance with specific objectives and fall-prevention programs, essential for improving patient safety, especially for vulnerable populations. Enhanced reporting and proactive strategies in long-term care can significantly reduce falls and injuries.
- **Fall Risk Reduction Program:**
- **Assessment:**
  - **Initial Screening:** Implement a method for initial screening of fall risk at admission.
  - **Re-assessment:** Reassess fall risk with any change in the patient's condition or medication.
- **Prevention:**
  - For high-risk patients, use tailored interventions including physical assistance, environmental modifications, and patient education.
- **Tracking Outcomes and Monitoring:**
  - **Outcomes:** Monitor the effectiveness of fall prevention measures and any unanticipated effects.
  - **Documentation:** Properly document measures taken and outcomes for continuous improvement.

- **Measurable Components of IPSG Six:**
- **Risk Assessment:** Systematically assess and re-assess fall risk for all patients.
- **Prevention Measures:** Implement measures for high-risk patients to minimize injury potential, including environmental modifications and close supervision.
- **Monitoring and Evaluation:** Document and evaluate outcomes of fall prevention interventions, aiming to reduce fall-related injuries.
- **Supporting Policies:** Develop policies to continuously reduce fall-related risks and promote patient safety.
- Adhering to these guidelines and implementing comprehensive fall-risk reduction programs significantly reduces fall risks and enhances care quality.

LITERATURE REVIEW

Author (Year)	Study Location	Sample Size	Sampling Techniques	Salient Features
Schmitt et al. (2023)	Germany	800	Stratified Random Sampling	Evaluation of dual identifiers in reducing patient ID errors.
Kumar et al. (2022)	Delhi, India	500	Randomized Controlled Trial	Impact of barcoded wristbands and photo ID on reducing misidentification.
Taylor & Pugh (2021)	USA	1,200	Cluster Sampling	Benefits and challenges of electronic communication systems.
Agarwal et al. (2022)	New Delhi, India	600	Longitudinal Study	Impact of the Universal Protocol on reducing wrong-site surgeries.

Author (Year)	Study Location	Sample Size	Sampling Techniques	Salient Features
Brown et al. (2023)	Canada	700	Randomized Controlled Trial	Impact of tailored interventions on fall prevention in elderly care.
Roy & Sen (2021)	Kolkata, India	350	Mixed-Methods	Impact of simulation training on enhancing interdisciplinary collaboration.
Ahmed et al. (2021)	Egypt	600	Mixed-Methods	Impact of simulation training on enhancing interdisciplinary collaboration.

METHODOLOGY

Study Design : Descriptive cross-sectional study design. (Patients are followed up for a particular period of time and corresponding data obtained systematically within that duration.)

Study Duration: March 25, 2024 to June 25, 2024 (3 MONTHS)

Study Tool: structured checklists.

Sampling method: Convenience Sampling

Sample size: 1800 total sample (150 Sample for each IPSG every month.)

Data Collection:
Data were collected using checklists designed to assess compliance with IPSG 1, 2, 4, and 6, cross-referencing patient files for accuracy.

Data Analysis:
Compliance levels were calculated using proportions, considering policy availability, documentation, effective implementation, and staff awareness.

- **Non-Compliance:** Lack of accessible policies or procedures.
- **Full Compliance:** Correct implementation, documentation, and staff understanding of SOPs.

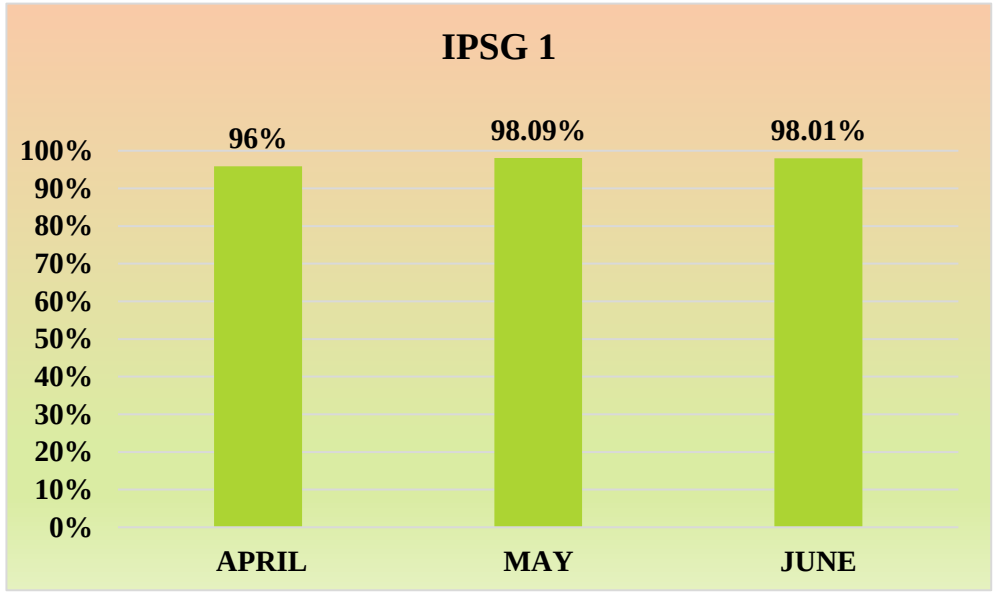
RESULTS OF THE STUDY FOR EACH IPSG

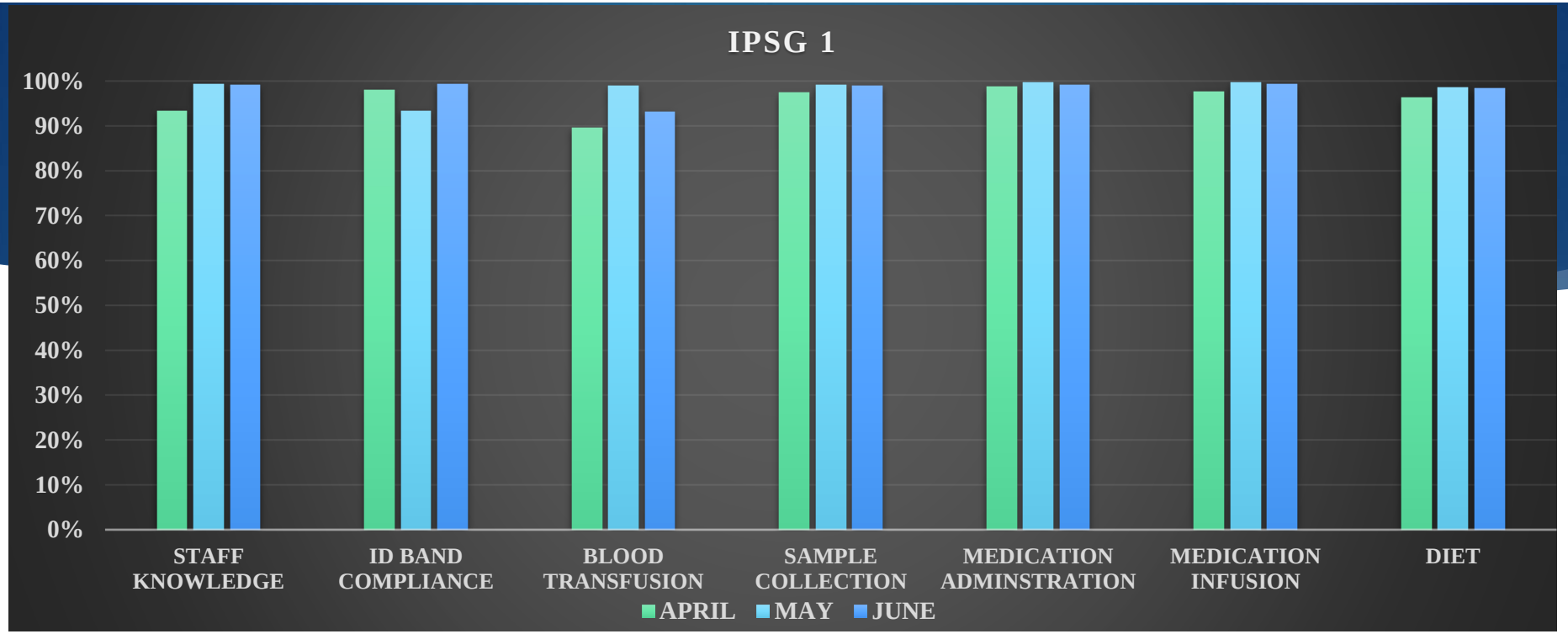
For IPSG 1

For IPSG 1, checklist is present with following areas: Staff Knowledge, ID Band Compliance, Blood Transfusion, Sample Collection, Medication Administration, Medication Infusion, Diet, Formula Feed, expressed milk, Cross Referral, OPD Consultation & OPD Diagnostics

Inclusion criteria: Staff Knowledge, ID Band Compliance, Blood Transfusion, Sample Collection, Medication Administration, Medication Infusion & Diet.

Exclusion criteria: Formula Feed, expressed milk, Cross Referral, OPD Consultation & OPD Diagnostics.





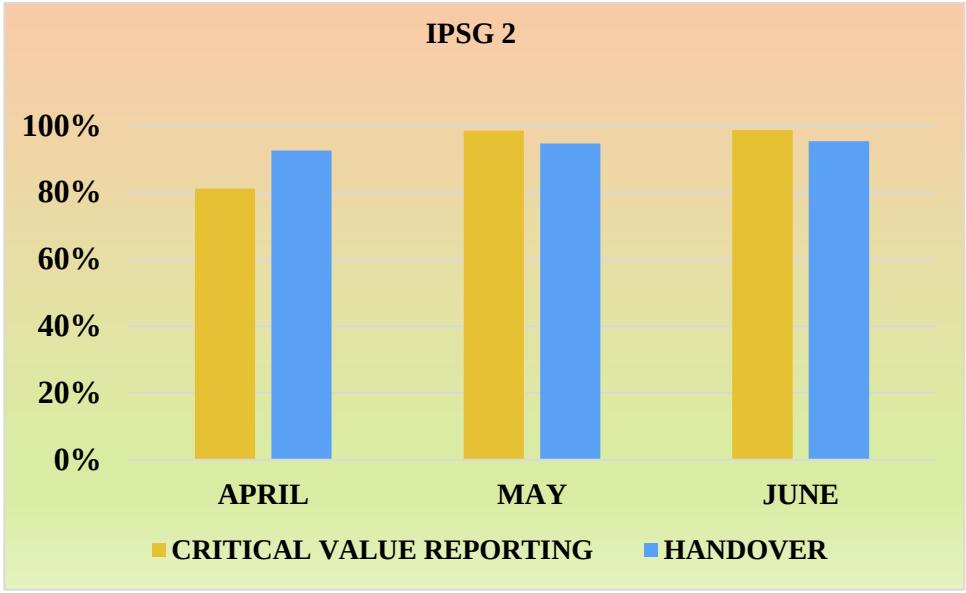
Compliance with IPSG 1 improved significantly from April to June. Staff knowledge and ID band compliance both rose to 99.33%. Sample collection, drug administration, and infusion parameters steadily improved, while diet compliance remained high. Blood transfusion compliance increased but was inconsistent in June, requiring ongoing monitoring.

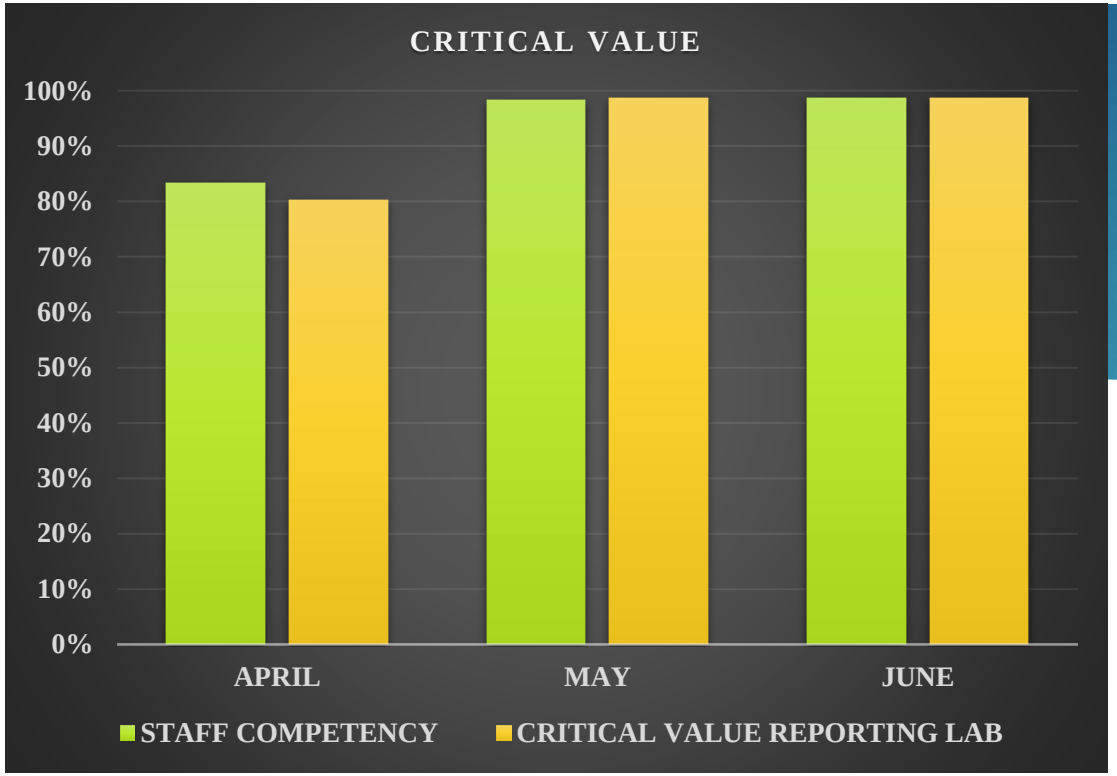
Non-Compliances Observed:

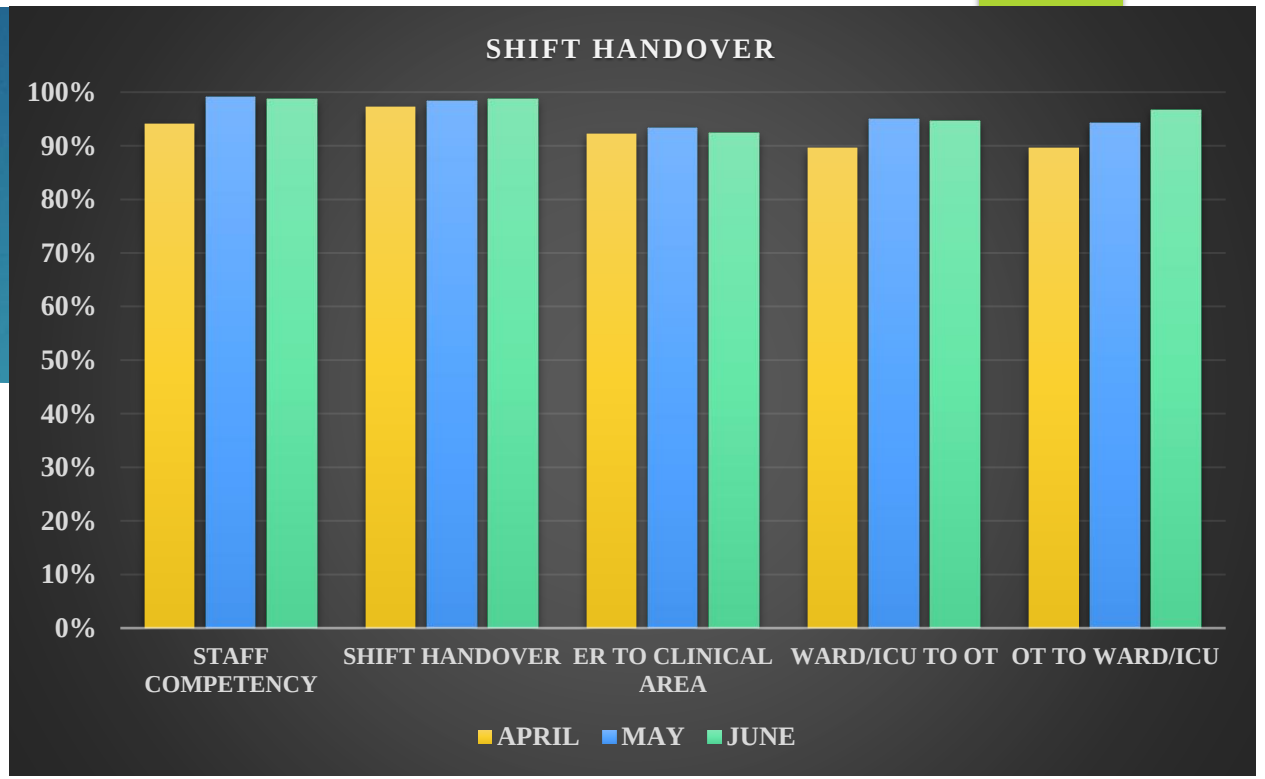
- **Staff Competency:** Lack of awareness about the policy portal and IPSG 1 among new staff.
- **Patient Identification:** Only one identifier (MRN or full name) is often checked; diet labels lack the patient's full name and diet type.
- **Blood Transfusion and Sample Collection:** Patient identification (blood bag, ID band, MRN) is not consistently verified before procedures.

FOR IPSG 2

The compliance rate for reporting critical values increased from 81% in April to 98.67% in June, indicating improved timely communication. Handovers improved gradually from 92.47% to 95.29% over the same period, reflecting better information transfer during shift changes.







Staff competence in critical value management rose from 83% in April to 98.67% in June, with laboratory reporting also improving from 80.27% to 98.67%, indicating significant enhancements in both areas.

Non-Compliances Observed:

•**Critical Value Register:** Receiving nurse often missed recording critical values.

•**Documentation:** Doctors frequently failed to document and acknowledge critical values and interventions in the patient's medical record.

•**Policy Portal Awareness:** Staff are not well-informed about the online policy portal; new staff lack proper training on using the critical value register and IPSG 2.

Statistics for April through June show high proficiency in staff and shift handovers, with improvements noted in OT to Ward/ICU transfers, though effectiveness varies slightly across areas.

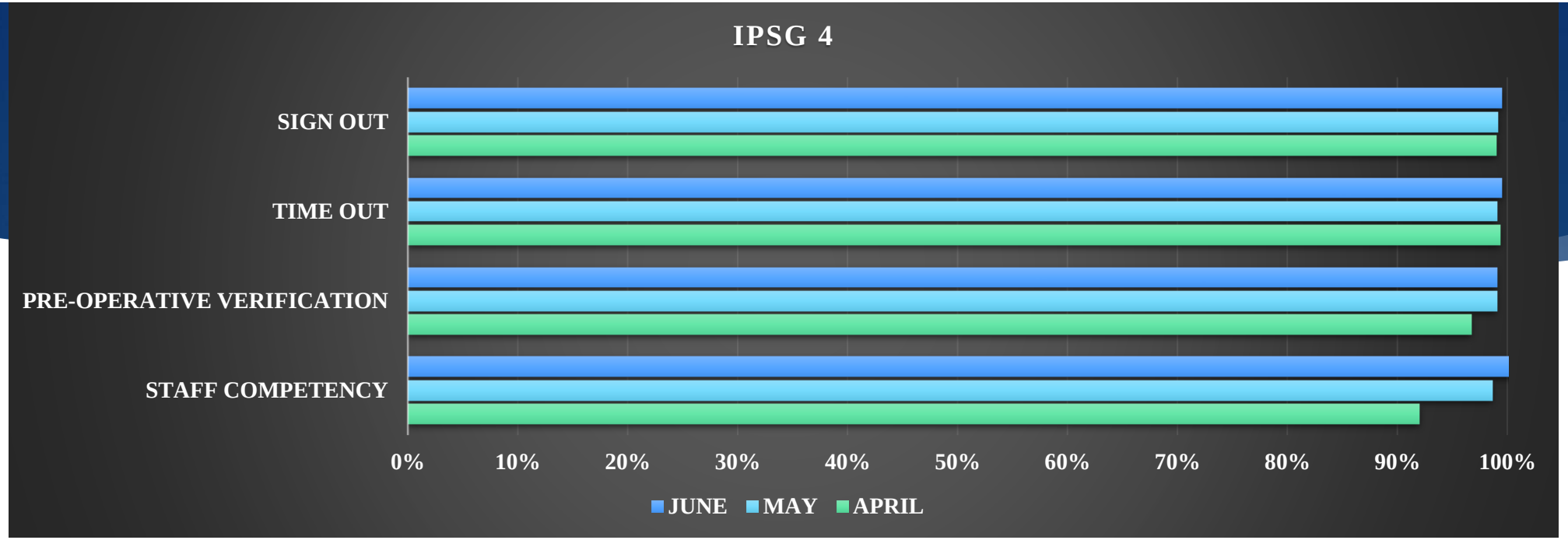
Non-Compliances Observed:

•**Transfer Forms:** Incomplete or unsigned forms for patient transfers between emergency rooms, wards, ICUs, and operating rooms, missing crucial patient status and staff information.

•**Incorrect MRNs:** Errors in critical value reporting with incorrect patient MRN numbers recorded by both nurses in ward/ICU registers and the laboratory in the critical value register.

FOR IPSG 4

Compliance with IPSG 4 improved steadily from 97% in April to 99.29% in June.



Staff Competency: Staff preparedness and adherence to surgical standards increased from 92% in April to 99.335% in June, showing reasonable improvement.

Pre-Operative Verification: High and stable compliance levels were maintained, with a slight improvement from 96.75% in April to a steady 99.05% in May and June.

Time-Out: Compliance remained near perfect with minimal variation, ending June at 99.50%.

Sign-Out: Strong compliance was consistently shown, improving slightly from 99% in April to 99.50% in June.

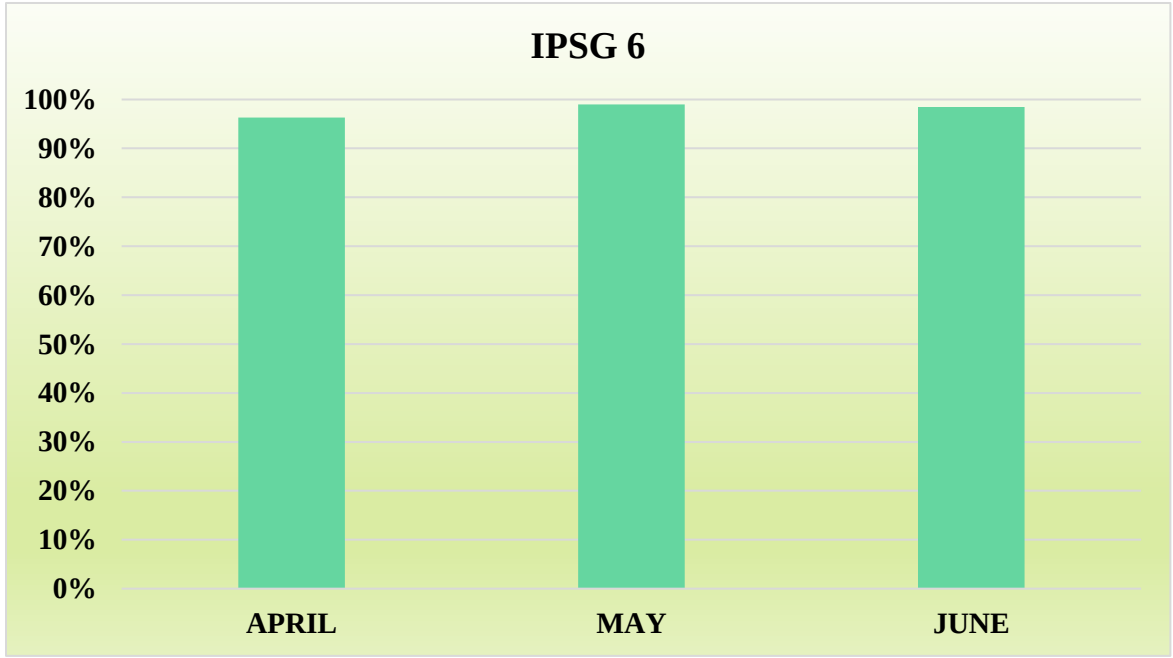
Non-Compliance Observed:

- Issues persist in the sign-out process, where specimen labeling occurs after patient departure and sign-out paperwork completeness is inaccurate.
- In the time-out process, documentation accuracy and timeliness remain occasional concerns.
- Rare instances of non-compliance were noted in pre-operative verification, such as incomplete anesthesia consent form signatures.
- Some cases saw nurses marking surgical sites instead of the primary consultant, and occasional errors in completing the surgical safety checklist.

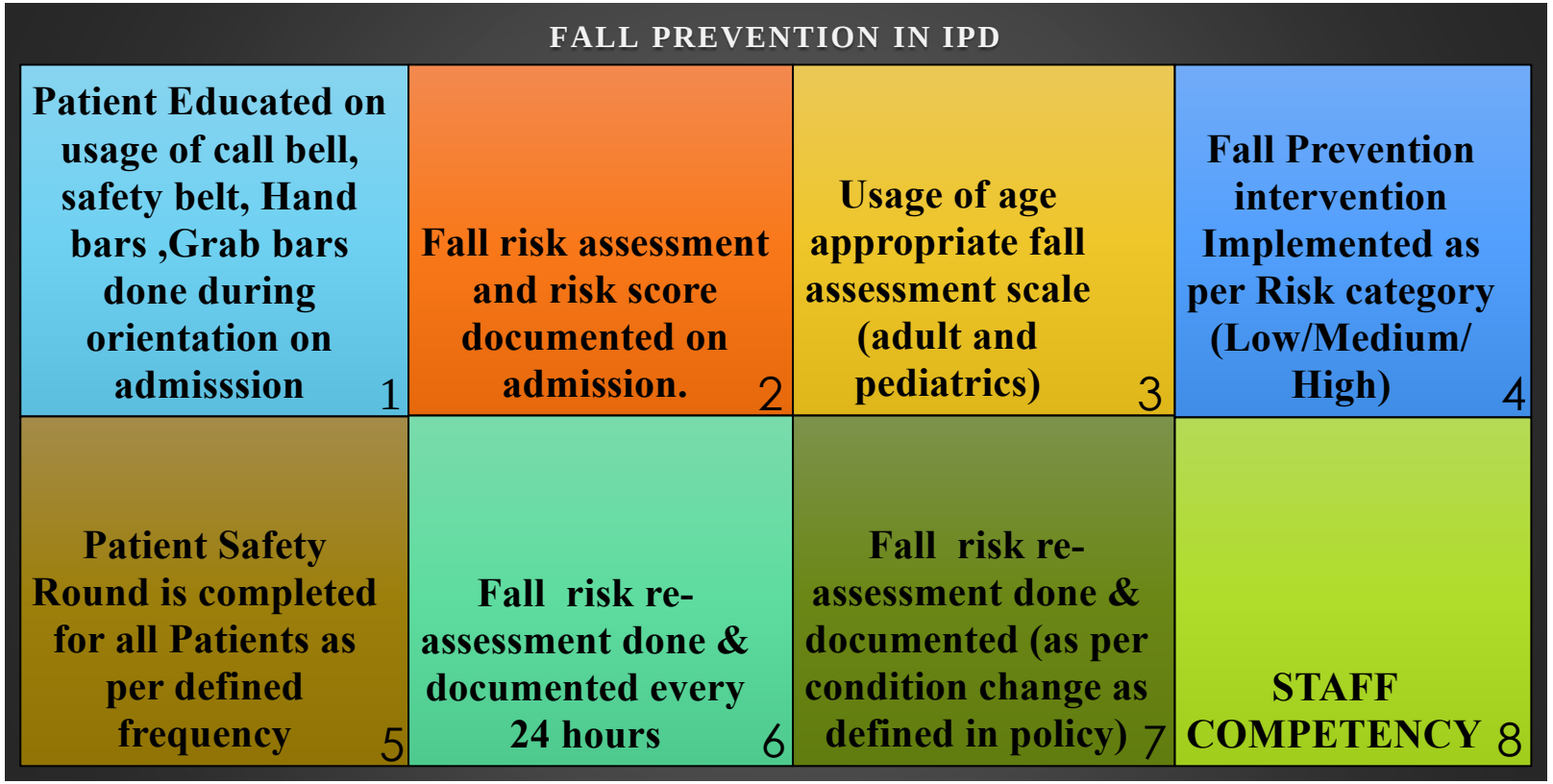
FOR IPSG 6

Patient falls are the most common safety incidents noted. Preventing falls during patient stays is crucial, focusing on IPSG 6, which addresses fall risk assessment, reassessment, and prevention measures.

Inclusion Criteria: IPD patients. Exclusion Criteria: OPD patients.



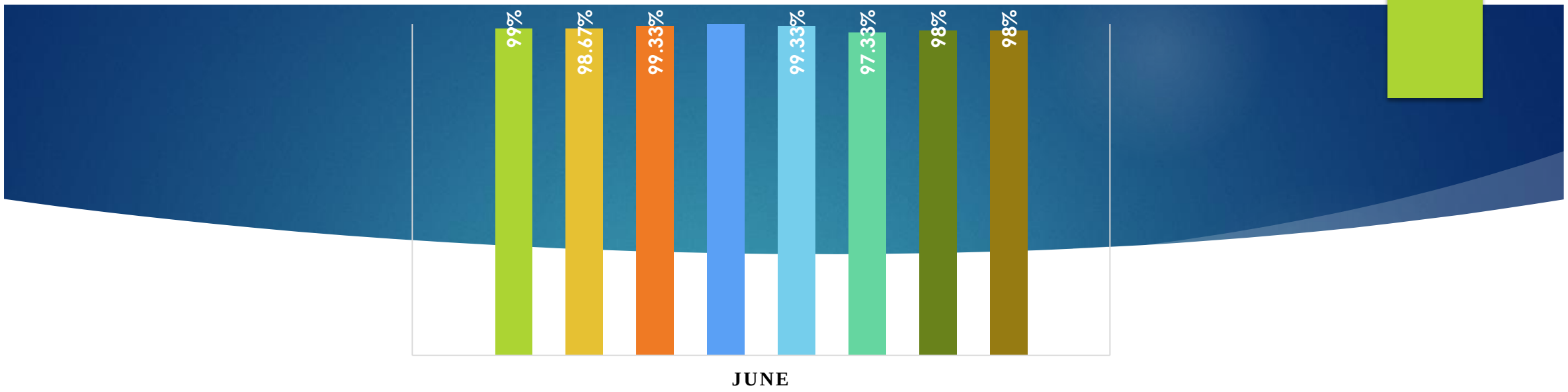
IPSG 6 is measured on the basis of these parameters:



In April, the in-patient unit showed strong compliance with IPSG 6:

- Staff competency: 91%
- Fall risk assessments: over 98%, well-documented
- Fall prevention interventions by risk levels: 92%
- Safety education for all patients: 100%
- Routine reassessments and safety rounds: nearly 99%

In May, adherence to IPSG 6 for fall prevention in the IPD significantly improved. All key indicators, including staff competency, now exceed 98%, reflecting enhanced patient safety procedures. Staff competency rose from 91% to 99%.



Adherence to IPSG 6 in the IPD improved noticeably and maintained high compliance from April to June. Other fall prevention measures remained effective, with most indicators exceeding 98%, and staff competency increased from 91% to 99%.

Non-Compliances Observed:

- In April, an adult fall assessment scale was mistakenly used for a pediatric patient in the ward.
- After patients return from theater, staff sometimes fail to ensure proper completion of "Fall risk re-assessment done & documented."
- Although "Patient Safety Round is completed for all Patients as per defined frequency" was documented, practical follow-up was inadequate over these three months.
- It was noted that patient fall risk markings (high, medium, low) were not consistently visible in patient files, requiring manual checking.

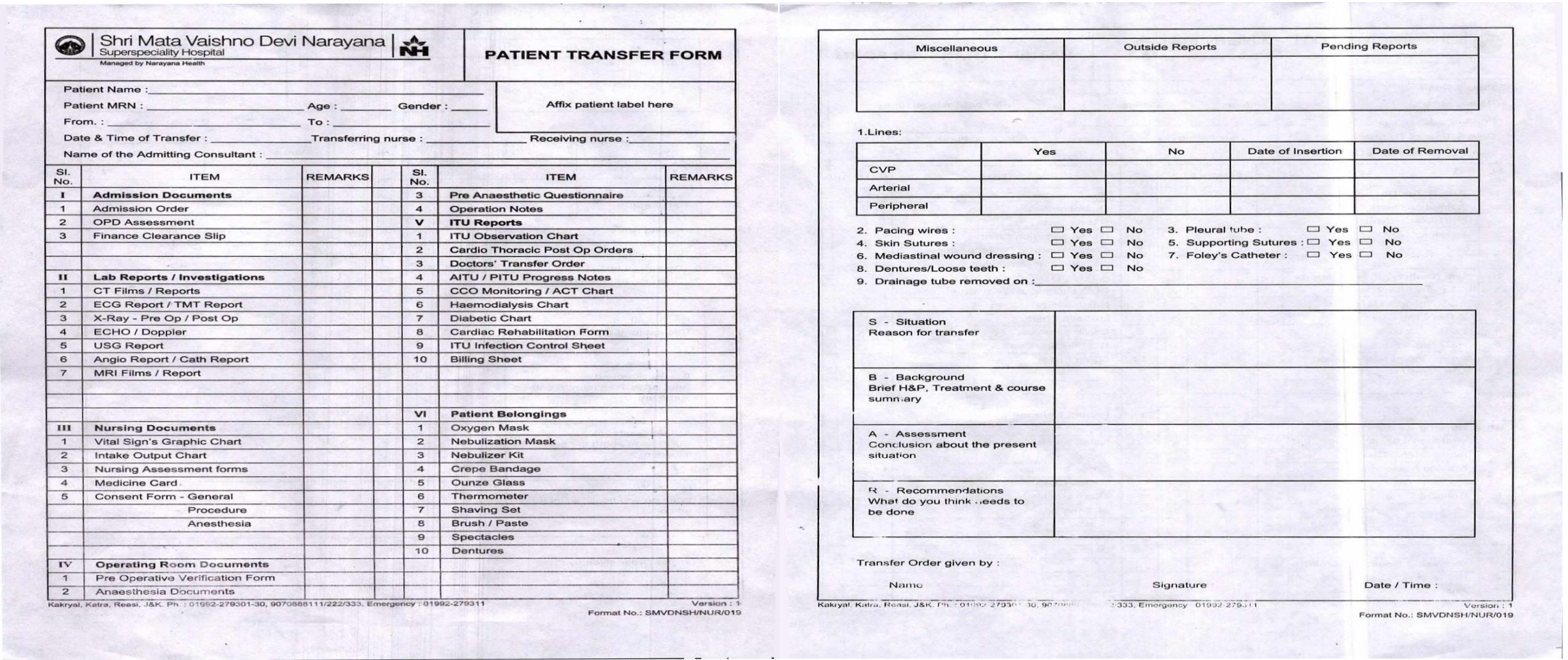
CONCLUSIONS

IPSG 1: Identify Patients Correctly

- Compliance improved from 95.85% (April) to 98.01% (June), enhancing patient identification procedures.
- Persistent challenges include inconsistencies in blood transfusion processes due to staff knowledge gaps and inconsistent use of identifiers.
- Recommended improvements: staff education on identification policies, dual identifiers on ID bands, and color-coded diet labels for patient safety.

IPSG 2: Improve Effective Communication

- Critical value management improved from 81% to 98.67%, and shift handover compliance rose from 92.47% to 95.29%.
- Challenges include incomplete transfer forms and availability of critical value documents.
- Recommendations: implement read-back policies, real-time recording of values, and reactivation of SMS notifications for critical values to enhance communication and patient safety.



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PATIENT TRANSFER FORM

Patient Name : _____
Patient MRN : _____ Age : _____ Gender : _____
From. : _____ To : _____
Affix patient label here
Date & Time of Transfer : _____ Transferring nurse : _____ Receiving nurse : _____
Name of the Admitting Consultant : _____

Sl. No.	ITEM	REMARKS		Sl. No.	ITEM	REMARKS
I	**Admission Documents**			3	Pre Anaesthetic Questionnaire	
1	Admission Order			4	Operation Notes	
2	OPD Assessment			V	**ITU Reports**	
3	Finance Clearance Slip			1	ITU Observation Chart	
				2	Cardio Thoracic Post Op Orders	
				3	Doctors' Transfer Order	
II	**Lab Reports / Investigations**			4	AITU / PITU Progress Notes	
1	CT Films / Reports			5	CCO Monitoring / ACT Chart	
2	ECG Report / TMT Report			6	Haemodialysis Chart	
3	X-Ray - Pre Op / Post Op			7	Diabetic Chart	
4	ECHO / Doppler			8	Cardiac Rehabilitation Form	
5	USG Report			9	ITU Infection Control Sheet	
6	Angio Report / Cath Report			10	Billing Sheet	
7	MRI Films / Report					
				VI	**Patient Belongings**	
III	**Nursing Documents**			1	Oxygen Mask	
1	Vital Sign's Graphic Chart			2	Nebulization Mask	
2	Intake Output Chart			3	Nebulizer Kit	
3	Nursing Assessment forms			4	Crepe Bandage	
4	Medicine Card			5	Ounze Glass	
5	Consent Form - General			6	Thermometer	
	Procedure			7	Shaving Set	
	Anesthesia			8	Brush / Paste	
				9	Spectacles	
				10	Dentures	
IV	**Operating Room Documents**					
1	Pre Operative Verification Form					
2	Anaesthesia Documents					

Kakryal, Katra, Reasi, J&K. Ph. : 01992-279301-30, 9070888111/222/333, Emergency : 01992-279311
Version : 1
Format No.: SMVDNSH/NUR/019

Miscellaneous	Outside Reports	Pending Reports

1.Lines:

	Yes	No	Date of Insertion	Date of Removal
CVP				
Arterial				
Peripheral				

2. Pacing wires : ☐ Yes ☐ No
3. Pleural tube : ☐ Yes ☐ No
4. Skin Sutures : ☐ Yes ☐ No
5. Supporting Sutures : ☐ Yes ☐ No
6. Mediastinal wound dressing : ☐ Yes ☐ No
7. Foley's Catheter : ☐ Yes ☐ No
8. Dentures/Loose teeth : ☐ Yes ☐ No
9. Drainage tube removed on : _____

S - Situation Reason for transfer	
B - Background Brief H&P, Treatment & course summary	
A - Assessment Conclusion about the present situation	
R - Recommendations What do you think needs to be done	

Transfer Order given by :

Name Signature Date / Time :

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Version : 1
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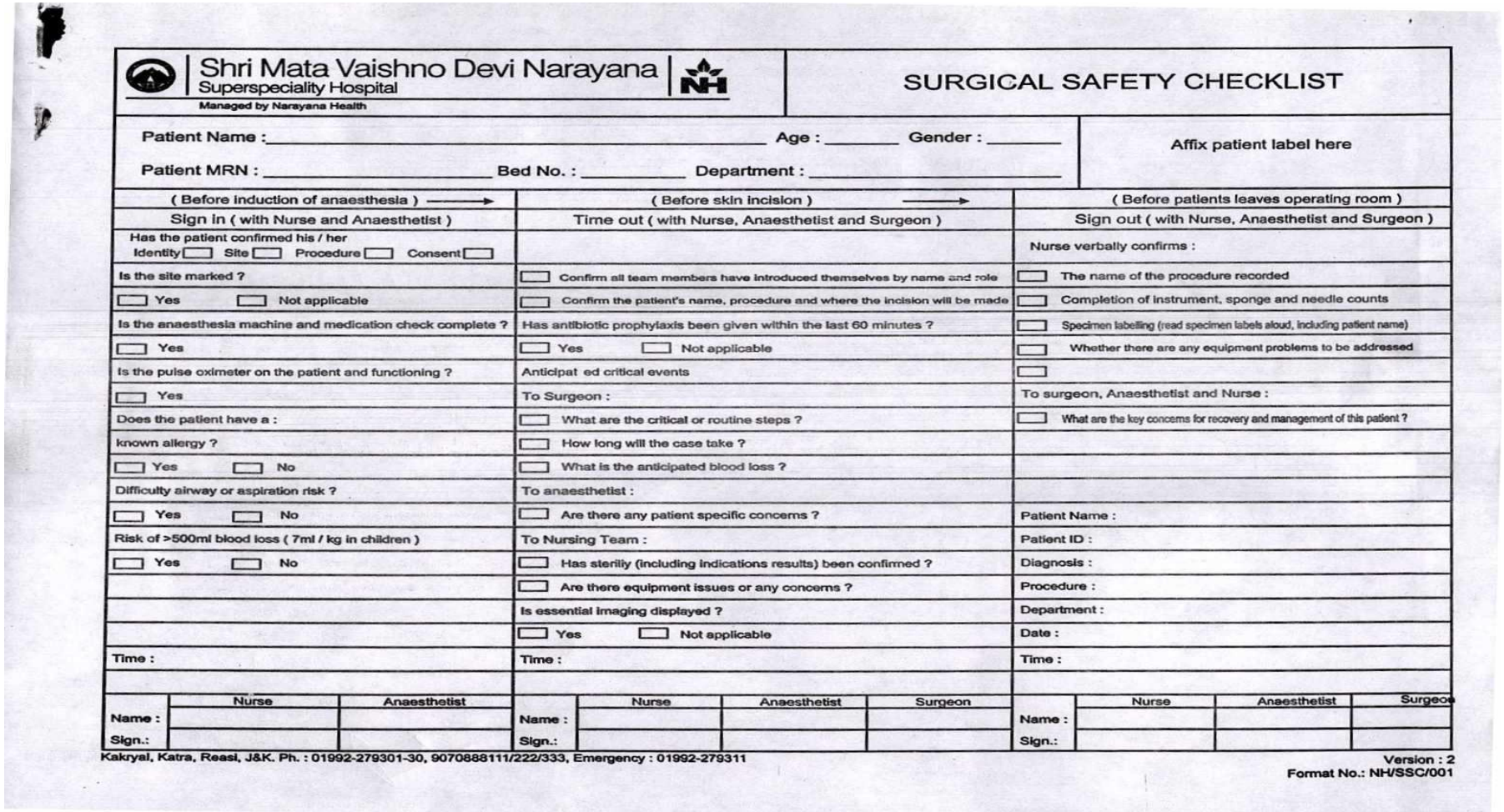
IPSG 4: Ensure Correct Site, Procedure, and Patient for Surgery

- Compliance increased significantly from 92% to 99.50%, improving timeout, sign-out processes, and staff competency.
- Challenges remain with timely sign-out documentation and specimen labeling.
- Recommended actions: regular audits, pre-labeled specimen stickers, and ongoing staff education to enhance surgical safety and accuracy.



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SURGICAL SAFETY CHECKLIST

Patient Name : _____ Age : _____ Gender : _____

Patient MRN : _____ Bed No. : _____ Department : _____

Affix patient label here

(Before induction of anaesthesia) →	(Before skin incision) →	(Before patients leaves operating room)
Sign in (with Nurse and Anaesthetist)	Time out (with Nurse, Anaesthetist and Surgeon)	Sign out (with Nurse, Anaesthetist and Surgeon)
Has the patient confirmed his / her Identity ☐ Site ☐ Procedure ☐ Consent ☐		Nurse verbally confirms :
Is the site marked ?	☐ Confirm all team members have introduced themselves by name and role	☐ The name of the procedure recorded
☐ Yes ☐ Not applicable	☐ Confirm the patient's name, procedure and where the incision will be made	☐ Completion of instrument, sponge and needle counts
Is the anaesthesia machine and medication check complete ?	Has antibiotic prophylaxis been given within the last 60 minutes ?	☐ Specimen labelling (read specimen labels aloud, including patient name)
☐ Yes	☐ Yes ☐ Not applicable	☐ Whether there are any equipment problems to be addressed
Is the pulse oximeter on the patient and functioning ?	Anticipat ed critical events	☐
☐ Yes	To Surgeon :	To surgeon, Anaesthetist and Nurse :
Does the patient have a :	☐ What are the critical or routine steps ?	☐ What are the key concerns for recovery and management of this patient ?
known allergy ?	☐ How long will the case take ?	
☐ Yes ☐ No	☐ What is the anticipated blood loss ?	
Difficulty airway or aspiration risk ?	To anaesthetist :	
☐ Yes ☐ No	☐ Are there any patient specific concerns ?	Patient Name :
Risk of >500ml blood loss (7ml / kg in children)	To Nursing Team :	Patient ID :
☐ Yes ☐ No	☐ Has sterility (including indications results) been confirmed ?	Diagnosis :
	☐ Are there equipment issues or any concerns ?	Procedure :
	Is essential imaging displayed ?	Department :
	☐ Yes ☐ Not applicable	Date :
Time :	Time :	Time :

	Nurse	Anaesthetist
Name :		
Sign.:		

	Nurse	Anaesthetist	Surgeon
Name :			
Sign.:			

	Nurse	Anaesthetist	Surgeon
Name :			
Sign.:			

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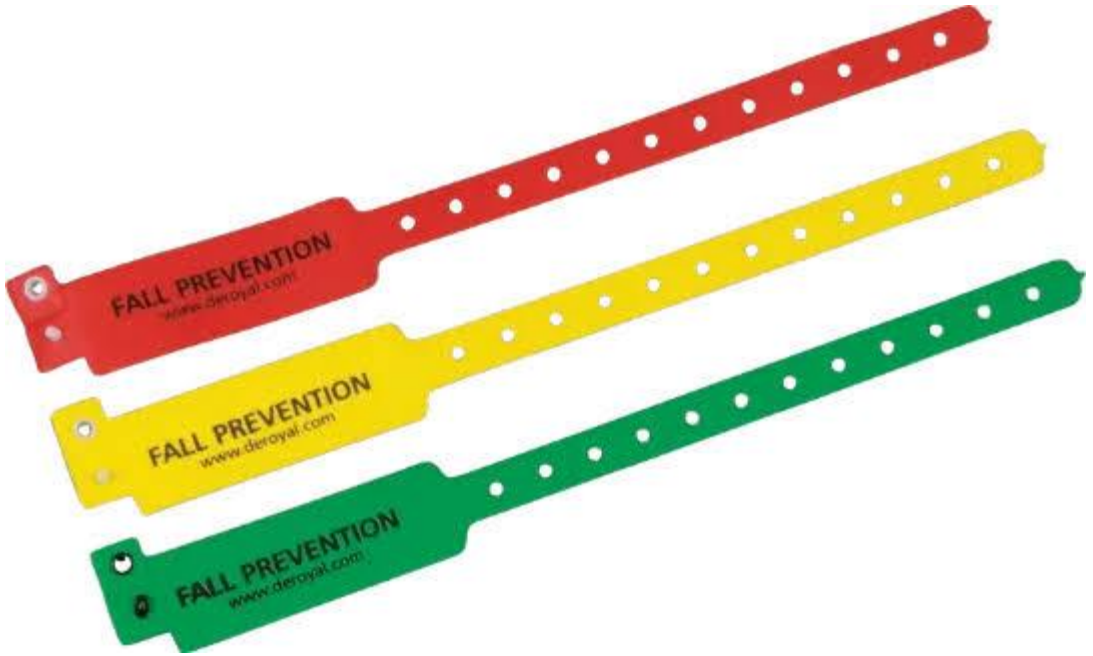
Version : 2
Format No.: NH/SSC/001

IPSG 6: Reduce the Risk of Patient Harm Resulting from Falls

- Compliance rose from 91% to 99%, with other fall prevention standards at or above 98%.
- Challenges include misuse of assessment scales on pediatric patients and inadequate post-operative assessments.
- Improvements include age-appropriate assessments, better documentation, and enhanced patient education on fall prevention.
- Recommendations given were Use of colored ID Bands which depict the fall risk of patient i.e. low, medium and high risk.
- Staff training on proper post-operative risk assessment and documentation.



Checklists used

IPSG 1

Questions	Compliance	Non-Compliance
Staff Knowledge		
Is staff aware about How to access the policy document?	Yes	No
Is staff aware about the policy?	Yes	No
ID Band Compliance		
Is patient wearing an ID band?	Yes	No
Availability of patient's two identifiers on ID band	Yes	No
Availability of patient's full name as identifier	Yes	No
Availability of patient MRN as identifier	Yes	No
Blood Transfusion		
Availability of patient's two identifiers on blood bag (Patient's full name & MRN)	Yes	No
Identifier used on blood bag is same as patient identification band upon receiving the blood products	Yes	No
Identifier used on blood bag is same as patient identification band before blood transfusion	Yes	No
Checking of two Identifier on ID band, Blood Bag and with the patient wherever possible before the transfusion	Yes	No
Sample Collection		
Is vacutainer labelled with patients two identifier before sample collection?	Yes	No
Availability of patient's full name as identifier on vacutainer	Yes	No
Availability of patient MRN as identifier on vacutainer	Yes	No
Identifier used on vacutainer is same as patient identification band/Bill receipt (OPD Patients)	Yes	No
Is the patient's two identifier checked with the patient wherever possible before sample collection	Yes	No
Medication Administration		
Is the patient's two identifier checked before medication administration	Yes	No
Is the medication double check verification completed before administration	Yes	No
Medication Infusion		
Is infusion labelled with patient's two identifier?	Yes	No
Availability of patient's full name as identifier on infusion	Yes	No
Availability of patient MRN as identifier on infusion	Yes	No
Is the patient's two identifier checked before administering the infusion	Yes	No
Diet		
Availability of patient's two identifiers on food tray label	Yes	No
Availability of patient's full name as identifier on food tray label	Yes	No
Availability of patient MRN as identifier on food tray label	Yes	No
Availability of type of diet on the food tray label	Yes	No
Identifier used on food tray is same as patient identification band	Yes	No
Is the patient's two identifier checked with patient wherever possible before handing over the food tray	Yes	No

IPSG 2

Department	Sub Department	Question Text
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Specialty of Audit
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Check for Availability of Policy - IPSG 2.1
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Check for Staff awareness regarding policy
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Check for process of Critical value reporting in all diagnostic area
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Check for availability of Critical value Register
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Reporting compliance of critical value - As per TAT defined in the policy for the Parameter
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Documentation of critical value in patient medical record
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Documentation of action taken in medical record for the critical value
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Is there a process of Critical value reporting available for POCT (Point of Care Testing)
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Reporting compliance of critical value for the POCT - TAT compliance and reporting process as per policy
IPSG-2	IPSG 2.1 (CRITICAL ALERT REPORTING)	Documentation of action taken in medical record for the POCT

IPSG 2.1

Department	Sub Department	Area of Audit	Question Text
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Specialty of Audit
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Check for Availability of Policy - IPSG 2.2
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Check for Staff awareness regarding policy
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Doctor Handover documentation during shift change
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Nurse Handover documentation during shift change
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Doctors' Handover documentation with Transfer within the hospital - different level of care with all parameter as per standard tool
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Nurses 'Handover documentation with Transfer within the hospital - different level of care with all parameter as per standard tool
IPSG-2	IPSG 2.2 (HANDOVER COMMUNICATION)		Handover documentation with Transfer within the hospital - diagnostic area with all parameter as per standard tool

ISPG 6

Department	Sub Department	Area of Audit	Question Text
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Speciality of Audit
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Write MRN of the sample audited in the comment section
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Check for Policy of IPSG 6
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Check for staff awareness regrading policy
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Check for usage of appropriate fall assessment scale (Paediatric & Adult)
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Fall risk assessment and risk score documented on admission.
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Fall Prevention intervention Implemented as per Risk category (Low/Medium/High)
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Fall Prevention intervention documented as per risk category
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Ensure usage of well-fitting clothes to the patient
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Evaluation of Toileting needs of the patient
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Fall risk re-assessment done & documented (as per condition change)
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Fall risk re-assessment done & documented everyday/every shift (as per policy)
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Patient Educated on usage of call bell, safety belt, Hand bars, Grab bars
IPSG-6(IPD)	IPSG 6 IPD FALL PREVENTION		Slide rails are up and bed breaks are on

IPSG 4

Staff Competency	Options	
Is staff aware about How to access the policy document?	Yes	No
Is staff aware about the policy?	Yes	No
Pre-Operative Verification		
Consents are obtained and completely filled	Yes	No
Blood & blood products arranged as per requirements	Yes	No
Site marking is done (when applicable) before shifting the patient to pre-op area	Yes	No
Site marking done by the primary surgeon	Yes	No
Site is marked with appropriate mark (no "X" mark)	Yes	No
Pre-operative verification checklist filled appropriately with complete information (images available, implants availability/equipment functionality etc.)	Yes	No
Pre-operative verification checklist has information on implants availability (if applicable)	Yes	No
Sign-in is performed and documented are all parameters completed/signed/dated and timed	Yes	No

Staff Competency	Options	
Is staff aware about How to access the policy document?	Yes	No
Is staff aware about the policy?	Yes	No
Time Out		
Time-out is performed before first incision	Yes	No
All participants paused & participated in Time-out	Yes	No
All relevant information discussed in time out (correct patient/ correct procedure/ correct site etc.)	Yes	No
Completion of time-out is documented with date and time	Yes	No
Sign Out		
Sign-Out is performed before the site closure & documented	Yes	No
Name of the surgical/invasive procedure was confirmed during Sign out	Yes	No
Sponge & instrument count is done & documented	Yes	No
Specimen labelled before patient left the area	Yes	No
Any equipment problem section completed	Yes	No


THANK
YOU