SUMMER TRAINING

at

MEDANTA SUPERSPECIALITY HOPSITAL , INDORE

10th MAY TO 2nd JULY , 2021

A Report on

Audit on International Patient Safety Goals (IPSG)

By

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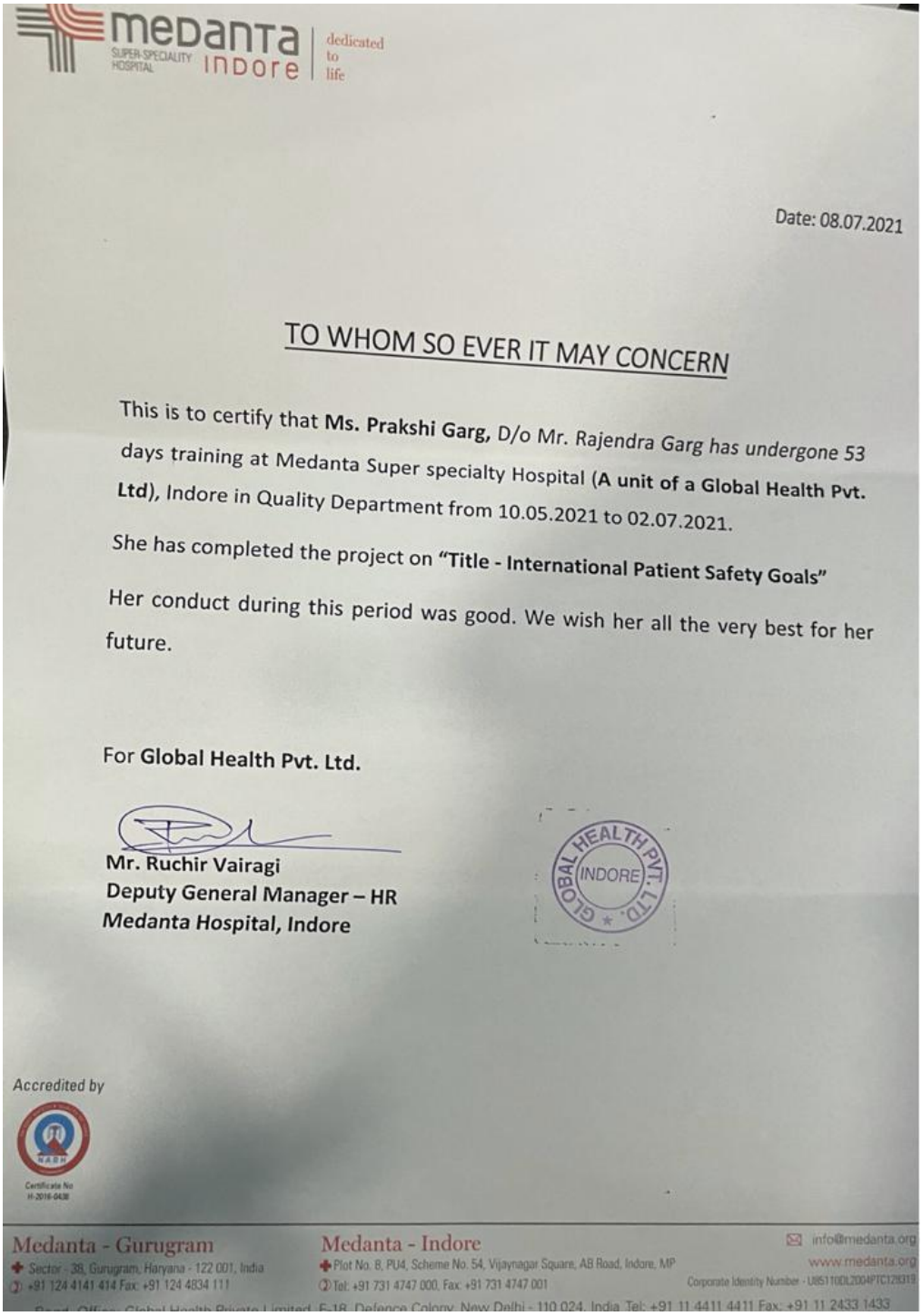
MBA - Hospital and Health Management

2020-2022

IIHMR UNIVERSITY

CERTIFICATE OF SUMMER TRAINING



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Date: 08.07.2021

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Prakshi Garg,** *D/o Mr. Rajendra Garg has undergone 53* days training at Medanta Super specialty Hospital (**A unit of a Global Health Pvt. Ltd**), Indore in Quality Department from 10.05.2021 to 02.07.2021.

She has completed the project on **"Title - International Patient Safety Goals"**

Her conduct during this period was good. We wish her all the very best for her future.

For **Global Health Pvt. Ltd.**

Mr. Ruchir Vairagi
Deputy General Manager – HR
Medanta Hospital, Indore

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TABLE OF CONTENTS

ABBREVIATIONS

Sr no	Abbreviations	Full forms
1	**CPRS**	Computerized Patient Record System
2	**HIS**	Hospital Information System
3	**HIV**	Human Immunodeficiency Virus
4	**IPD**	In Patient Department
5	**MAR**	Medical Administration Record
6	**MLC**	Medico Legal Case
7	**MTP**	Medical Termination of Pregnancy
8	**NABH**	National Accreditation Board for Hospitals and Healthcare Providers
9	**OPD**	Out Patient Department
10	**OT**	Operation Theatre
11	**TPA**	Third Party Administrators
12	**LAMA**	Leave Against Medical Advice
13	**RTA**	Road Traffic Accidents
14	**DOR**	Discharge on Request
15	**ER**	Emergency Department
16	**CCU**	Critical Care Unit
17	**ICU**	Intensive Care Unit
18	**NICU**	Neuro Intensive Care Unit
19	**CTVS ICU**	Cardio vascular and Vascular Surgical Intensive Care Unit
20	**CSSD**	Central Sterile Supply Department
21	**MRD**	Medical Records Department
22	**LASA**	Look Alike Sound Alike
23	**IPSG**	International Patient Safety Goals
24	**UHID**	Unique Hospital Identification
25	**CMHO**	Chief Medical and Health officer
26	**PCPNDT**	Pre conception Pre Natal Diagnostic Techniques

1. ABOUT THE ORGANISATION

1.1 Medanta- The Medicity hospitals are the one of the leading hospitals providing comprehensive healthcare services . Medanta was established in Gurugram by the renowned cardiologist Mr. Naresh Trehan . Medanta was then established in four cities which includes Lucknow , Indore , Ranchi and Patna .

Medanta Superspeciality Hospital , Indore was established in 2014 . It is a 8 storey hospital with 175 beds . It has 70+ doctors working with the organization and 9 Superspeciality. It has 210+ nursing staff who is constantly providing service to the patients

Hospital provides all the services except General pediatrics, burn, ophathamology, Obsterics

1.2 MISSION - Mission is to deliever world class health care service by creating institutes of excellence in integrated medical care , teaching and research . We aspire to create an ethical and safe enviornment to treat all with respect and dignity.

1.3 VISION - The institute is governed under the guiding principles of providing affordable medical services to patient with care , compassion and commitment.

1.4 Accreditation - It is NABH accreditated hospital in Indore , Madhya Pradesh by Quality Council of India.

2. OBSERVATIONAL STUDIES

2.1 OBSERVATION DEPARTMENTS

2.1.1 Basement

- General store
- Engineering and maintanence department
- Morturary
- Linen sorting area

2.1.2 Ground floor

- Reception
- Emergency department
- OPD Pharmacy
- IPD Billing
- Radiology department
- TPA desk
- OPD

2.1.3 First floor

- Administration department
- OPD
- Heart station
- Dialysis
- Sample collection

2.1.4 Second floor

- OT
- Cath lab
- CTVS ICU

2.1.5 Third floor

- IP Pharmacy
- Waiting lounge (ICU and OT)
- Wards
- Consumable store
- HCC ICU

2.1.6 Fourth floor

- MICU
- NICU
- Neuro OT
- Transplant ICU

2.1.7 Fifth floor

- MRD
- Physiotherapy

2.1.8 Sixth floor

- Wards
- Pre cath

2.1.9 Seventh floor

- Wards

2.1.10 Eighth floor

- Cafeteria
- Laboratory

2.2 OUTPATIENT DEPARTMENTS (OPD)

Outpatient Department is the department where patient gets treatment without being admitted to the hospital.

OPD has following services which is offered by the hospital :-

- Internal medicine
- Cardiology
- Urology
- Dermatology
- Nephrology
- Gynecology
- Gastroenterology
- Neurology
- Endocrinology
- Dietician
- Orthopaedics
- General Surgery
- ENT
- Dental treatments

OPD Timings -

There is 1 Paramedic staff helping the consultant .

2.3 EMERGENCY DEPARTMENT

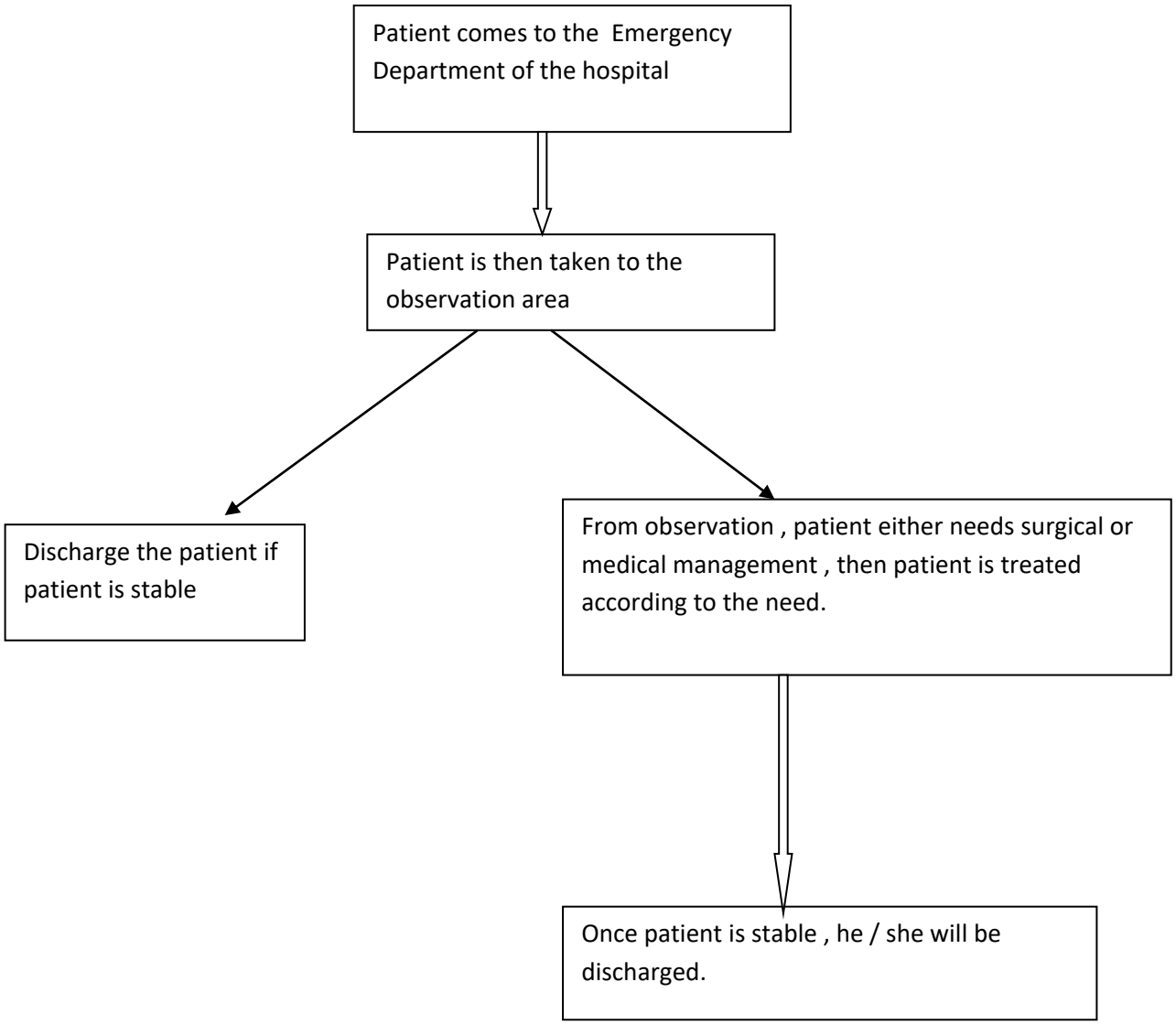
Emergency department is the department wherein the patient requires an immediate medical attention as to prevent further disability or death .

Emergency departments has cases generally from the Road Traffic Accidents and trauma or injuries from different causes.

Emergency department has 11 beds.

There are basically two ways in which patients of emergency department are being treated.

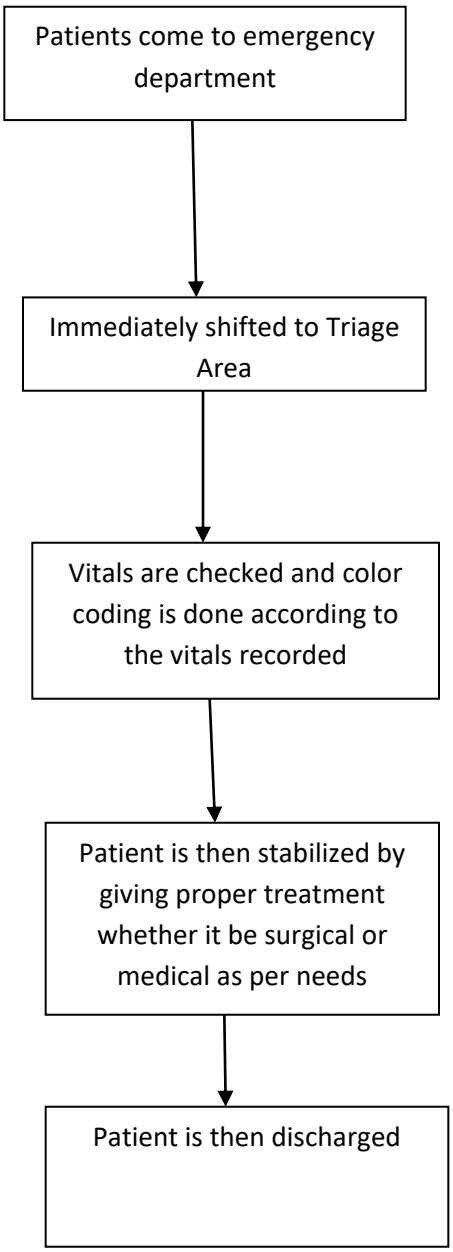
2.3.1 (FLOW CHART 1) WHEN THE PATIENT ENTERS THE EMERGENCY DEPARTMENT



Above drawn flowchart explains the procedure followed in the emergency department when the patient enters the department for the first time .

- Firstly patient enters in the emergency department , after fulfilling admission formalities , patient is being taken to the observation area.
- After observation and giving basic treatment , if patient is stable , patient would be discharged.
- After observation if patient requires further medical or surgical management , he would be transferred to wards according to the need .
- Once stable , patient would be discharged.

2.3.2 Flow chart 2 (When there are more number of patients in emergency at same time)



Above mentioned flow chart shows the procedure when there are bulk of patients at same time in a emergency department. These situations can be disasters , Road traffic accidents etc . The procedure is as follows :

- Firstly after entering in an emergency departments , patients are shifted to triage area .
- Then Vital signs like pulse , BP would be checked and then patients would be given color coded according to vitals recorded .
- This color coding is done to categorize patients so that practitioners know whom to provide treatment on priority basis.
- Patients was being treated whether they require surgical or medical management.
- After being stable patients would be discharged.

2.3.2.1 TRIAGE

Triage is process for segregating people into groups depending on their need of requiring medical treatment .

Triage is basically used in emergency when there are bulk of patients and hospital resources are limited .

Color coding in disaster Triage

RED - This code is allotted to people who requires urgent medical attention . Patient needs to be attended within 0 to 10 minutes of time by the medical practitioner.

YELLOW - This code is allotted to people who requires attention on an urgent and semi urgent basis. Here the patient can be attended within 30 to 60 minutes.

GREEN - These are people who can be attended on a non urgent basis that is within 2 hours by the medical practitioners.

BLACK - These code is allotted to the people who are dead.

2.4 RADIOLOGY DEPARTMENT

2.4.1 Staffing

- Doctors
- Technicians
- Medical transcriptionist
- Nurse
- Diagnostic manager

2.4.2 Services

- CT Scan
- X ray
- Ultrasound
- MRI

2.5 OPERATION THEATRE

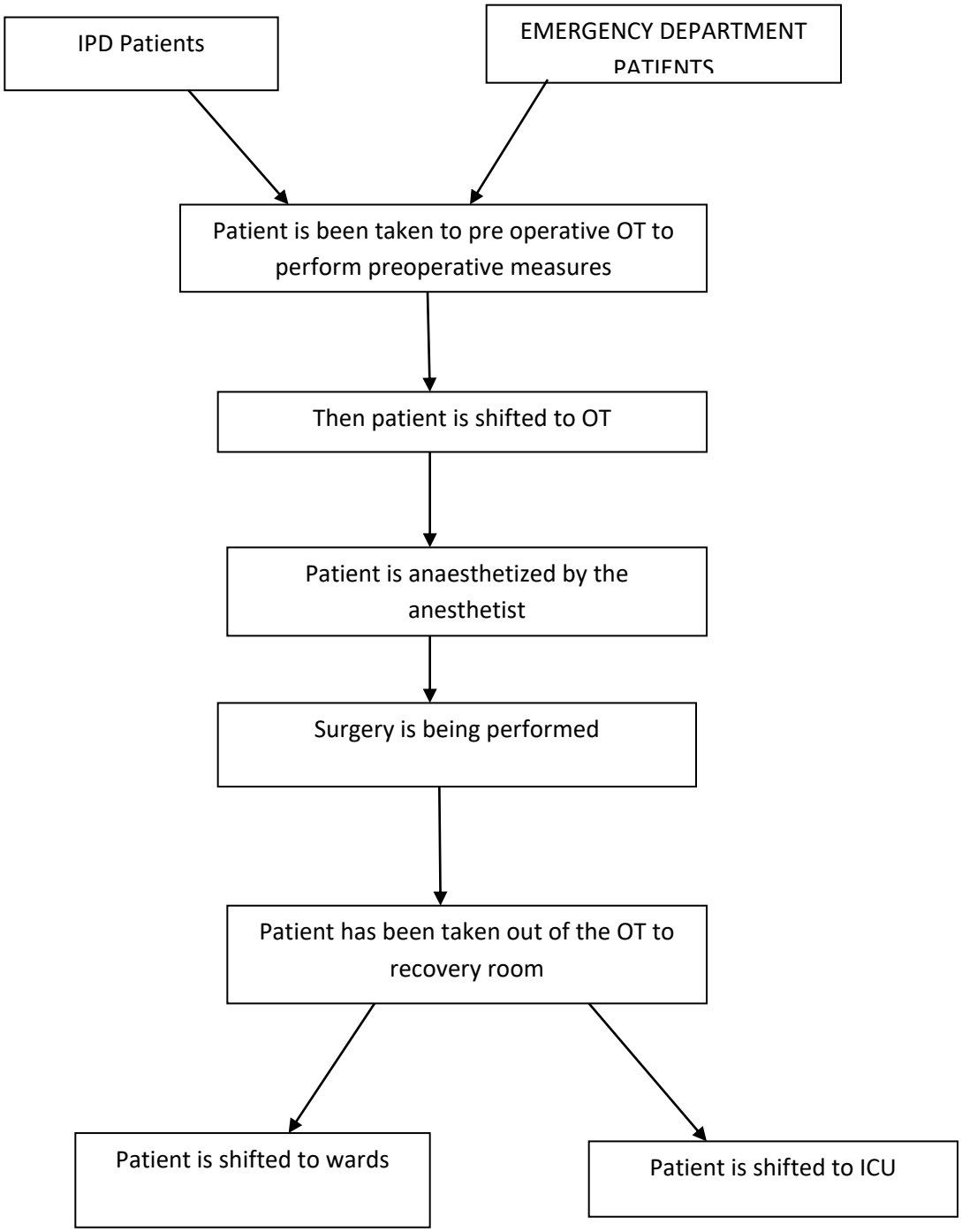
2.5.1 There are total of Operation Theatre

- General OT
- Cardiac OT
- Neuro OT

2.5.2 Staffing

- Nursing
- Technicians
- Paramedics

2.5.3 (FLOW CHART 3) PROCEDURE FOLLOWED FOR OPERATION THETARE



Above mentioned flow chart represents the procedure followed while taking to Operation theatre . It is as follows :

- Patients whether is from IPD or Emergency department if requires surgery , would be transferred to per operative OT where all the pre operative measures are being followed .
- The patient would be shifted to operation theatre where surgery would be performed by practitioners.
- After surgery , patient would be transferred to post operative recovery room.
- Then they are shifted to wards
- once stable , patients are discharged.

2.6 PHARMACY

Pharmacy is the department which aids in providing health by supply of medicines to the patients.

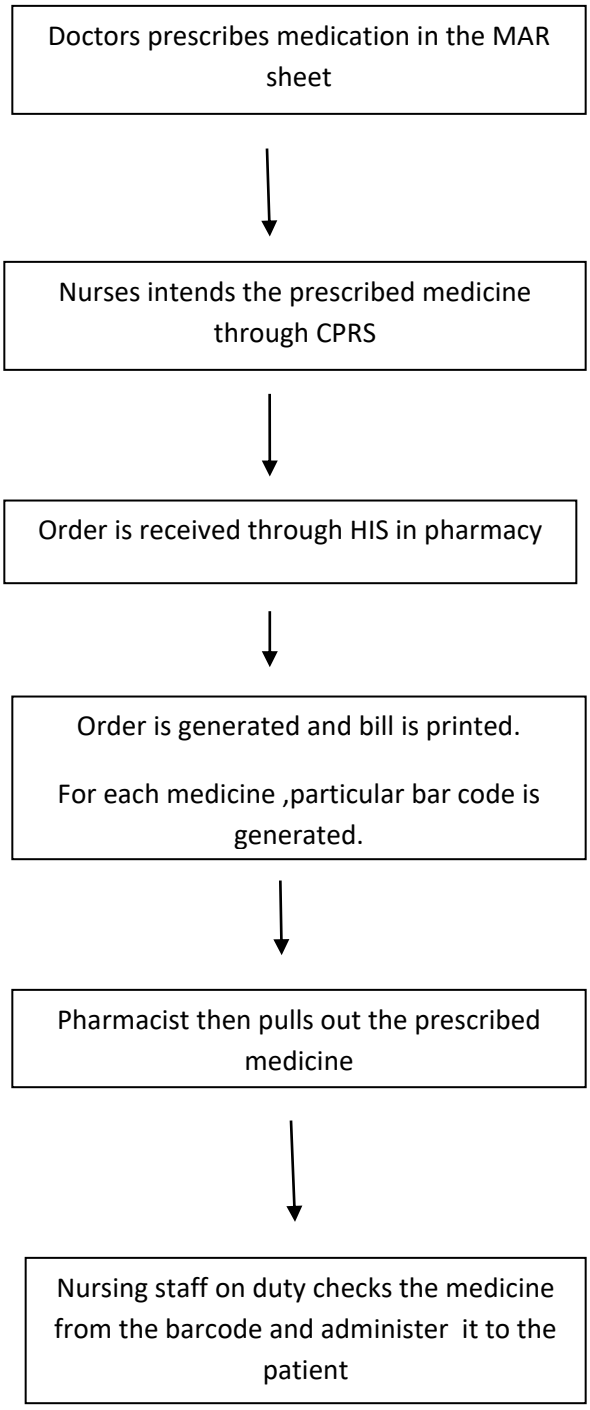
There are two types of pharmacy

- IPD Pharmacy
- OPD Pharmacy

IPD Pharmacy

- It is located at 3rd floor of the hospital.
- The temperature of the room is maintained at 25 degree centigrade
- Humidity is maintained below 65 degree centigrade
- High alert medication are stored separately with am red dot on IT.
- LASA medication are stored separately

2.6.1 (Flow chart 4) PROCESS OF INPATIENT PHARMACY



Above drawn flowchart shows the process of getting medicines for IPD patients.

It is as follows :

- Doctor prescribes the medication on the medication administration record sheet .
- After checking medicines from the sheet , nurses intends the medicine through CPRS.
- Orders is received in pharmacy through Hospital information system .
- Order is generated and bill for the medication is generated.
- After that pharmacist pulls out the prescribed medicine with medicine having specific barcode .
- Nursing staff takes the medication , checks it and administer it to the patient.

2.7 MEDICAL RECORDS DEPARTMENT

Medical records department is the department that documents single patient's medical history.

It has medical records of the patient who are either in IPD or emergency unit .

All the documents containing the patient's information is maintained in the file.

File should be received in MRD within 48 hours of discharge.

Monthly data from MRD is being sent to Quality department.

There are few people who are authorized to write in the documents . The list of the people authorized is as follows

- Doctors
- Nurses
- Dieticians
- Physiotherapists
- Anaesthetists
- Other consulting doctors

All the files in the MRD are arranged according to the IPD sequence number.

There are three color of files maintained

BLUE FILE - It is file for general cases and usually kept for 5 years

RED FILE - It is a file for expired patients and usually kept for 10 years

YELLOW FILE - It is for MLC cases. I t is kept for 10 years or until the case is dismissed.

Some reports are being sent outside the hospital to PCPNDT or CMHO office . The list is as follows :-

- MTP is being sent to CMHO and PCPNDT
- Birth / Death is being sent to IMC
- Dengue cases to CMHO
- Malaria is being sent to CMHO / Malaria department

- H1NI to CMHO
- Tuberculosis to Government hospital TB department

2.8 INPATIENT DEPARTMENTS (IPD)

Inpatient department is the department where in patients are being admitted to the hospital for the treatment .

There are three types of facilities for the IPD patients :

- Private rooms
- Semi Private rooms
- General wards

Patients are usually discharged from the hospital before

The patients has to clear all their dues before leaving the hospital. The mode of payment could be cash or there are TPA patient whose health is being insured by Health insurance Companies.

3. IPSG

3.1 INTRODUCTION

IPSG (International Patient Safety Goals) were developed by Joint Commission International in 2006. These goals were adapted from the JCAHO Patient Safety Goals.

IPSG goals are important because :-

- They help in improving patient's safety
- It also highlights the problematic areas of the healthcare services and helps in identifying solution to these problems.
- Also IPSG helps to reduce medical errors thus leading to good practices.

For IPSG goals to be successful , both medical documentation as well as the services provided to the patients should be upto the accepted quality.

There are certain challenges for patient safety leadership :-

- Standardizing processes and equipments
- Promoting communication among the staff as well as staff and patients
- Availability of adequate staff both in number as well as skills
- Training of staff so to encourage team learning among them
- Encouraging patient improvement

3.2 IPSG GOALS

There are basically 6 IPSG goals :-

IPSG 1 - Correct Patient Identification

IPSG 2 - Improving Effective Communication

IPSG 3 - Improve the safety of High alert medication

IPSG 4 - Ensure correct site , correct procedure and correct patient surgery

IPSG 5 - Reduce the risk of health care associated infection

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

3.2.1 IPSG 1

IPSG 1 is Correct Identification of patients by the staff so as to provide correct treatment to the patients.

Patients are identified by two identifiers

UHID no. - It is a unique hospital identification number allotted to the patients by the hospital. UHID can never be same for any two individuals and it always remains same for the patient . UHID is given to both OPD as well as IPD patients.

2) Name and Surname of the patient - For correct identification it is important to refer the patient not only by his first name but also the surname for avoiding any confusion.

There are basically three areas in the hospital where patients need to be identified correctly . These areas are as follows :

- IPD -
  IPD patients have white band tied around their wrist . This band have barcode , patient's full name and UHID of the patient .
  Room number or bed number of the patients shall not be used as an identifier.

- EMERGENCY AND SPECIFIC OUTPATIENT AREAS
  Patients of these area wear grey band.
  Services which fall under this area are :-
  Emergency
  Dialysis
  Endoscopy
  MRI and CT Scan if procedure is done under sedation

- OPD
  Patients who come for OPD are not required to wear any kind of band.
  For OPD patients , any of the below mentioned identifiers can be used :

  1) Patient's UHID
  2) Patient's mobile number

3) Patients date of birth or age

For OPD patients , address of the patient cannot be used as an identifier because address are prone to changes.

There are certain important moments where patient needs to be identify correctly because incorrect identification may lead to serious issues.

These moments are as follows :-

- Before consulting doctor
- Before administering any medication
- Before administration of any blood products
- Before performing any surgical procedures
- Before transferring patients from one department to another
- Before performing diagnostic tests
- Before handling discharge summary and investigation reports.

3.2.2 IPSG 2

IPSG 2 states that there should be effective communication among the staff members as well as staff and patient.

In normal scenario , verbal orders are not a choice for doctors.But there are certain exceptions where verbal orders are accepted.

These situation are

- Emergency situations where life is at stake like cardiac arrest .
- Sterile situations like while performing any procedures in OT , ICU , Cath Lab, Endoscopy and wards where doctor is not in an appropriate position to write any instructions .

Verbal orders given by doctors are documented through Read back policy or Repeat Back Policy.

3.2.2.1 Read Back policy

According to this policy , nurses have to follow the following :-

1) Write down the instructions given by the doctor on paper.

2) Then read it back again to the doctor .

3) Again confirm the instructions by the speaker .

This Read Back Policy is followed in following situations :-

- Verbal orders
- Telephonically informed critical lab values

Critical test are those tests whose results are required to be known as earliest. These results are life threatening and need to be informed to the consultant as soon as possible.

example - Cardiac enzymes

3.2.2.2 Repeat Back Policy -

According to this policy , Nurses follow the following :-

1) Nurses hear the doctors instructions clearly

2) Then nurses repeat the instructions again and again to avoid any confusion.

These policy is basically followed in sterile conditions.

Physicians ordering through telephonic conversation should sign that order within 24 hours.

3.2.2.3 GUDELINES FOR CORRECT VERBAL COMMUNICATION -

Following things are need to be noted by the staff -

- Patient identification
- Time of communication
- Quantities that is result of test
- Correct procedures are need to be mentioned

Handovers are need also need to be noted :-

- Between healthcare providers
- Between different level of care
- Between department and services

There are certain situations which are most error prone :-

- Patient care orders
- Critical test results

Preferably , verbal orders over the phone should be avoided for the safety.

3.2.3 IPSG 3

IPSG 3 intends to improve the safety of high risk medications before administering. High alert medications are need to be administered very carefully as minute errors in dosage or administration route or storage of medication may cause serious implications. There are certain high risk medications which are as follows :-

- Cardiac stimulants
- Anticoagulants
- Narcotics and controlled drugs
- Sedatives
- Muscle relaxants
- Insulin
- LASA Drugs
- Electrolytes
- Chemo drugs

High risk medications are need to be stored separately and with utmost care .

All the high risk medications have red dot marked on them .

Narcotics are stored in double lock and key system .

There are following safety precautions taken at each step which are as follows :

1) Prescription - If prescription has narcotic drugs mentioned and insulin , prescription needs to be verified correctly.

2) Preparation - Drugs are prepared for administration after verifying properly.

3) Storage - Narcotics are stored under double lock and key whereas concentrated electrolytes are stored in ICU , OT , Cath lab ad Emergency Department.

4) Administration - Sequential checking of the drug should be done.

5) Monitoring - Patient should be monitored once these drugs are administered . Following are the signs needs to checked -

- Vital signs

- Tachycardia
- Abnormal rhythm
- Hypoglycemic site

There are following situations when there are high chances of errors :-

- Errors usually occurs when staff is not properly oriented to patient care services
- There is inappropriate administration of concentrated electrolytes
- Use of abbreviations
- Illegible handwriting of consultants

These errors can be overcome by-

- Appropriate process for managing high alert medication
- Maintaining list of high alert medication in organizations data base
- Medications should be stored with proper labelling and in an appropriate manner
- Electrolytes and chemotherapeutic drugs should be stored separately from non high alert medications.

3.2.4 IPSG 4

IPSG 4 intends to correct identification of the surgical site , procedure and correct patient.

Wrong site , procedure and patient surgery is the most common and most alarming error in the hospital .

These errors occur due to :

- Ineffective patient communication
- Inadequate patient assessment
- Improper reviewing of medical records
- Improper communication among surgeons
- Use of incorrect abbreviations.

These errors can be overcome by the following measures :-

- Site marking should be done with Romson's pen
- Proper drying of the mark should be allowed so that mark should be visible adequately.
- Patient should be involved while marking the site
- In bilateral surgeries, both the sides should be marked and procedure name should be written on the surgical site.
- Checklist should be made and filled so to avoid any mistake.
- Time out should be done for the procedures.
- Staff should properly assess the patient before preparing for the surgery.

3.2.5 IPSG 5

IPSG aims to reduce the hospital associated infections.
Infection control is one of the biggest challenges faced by the hospitals .
Infections generally occur in the situations like Urinary tract infection occurring due to catheter , blood infections.
Infection may spread from staff to patients if there is improper hygiene measures followed .

Spread of infections can be prevented by taking following measures :-

- Use of hand rubs for 20-30 seconds and 2 pumps when hand are not soiled visibly
- If hands are soiled , hand should be washed with soap and water for 60 seconds
- Following correct steps of hand hygiene is recommended.
- Patient room should be clean and tidy.

3.2.6 **IPSG 6**

IPSG 6 Intend to reduce the harm caused to patients due to fall .

Frequent injuries occur to patients due to fall in hospitals.There are several reasons for such falls which are as follows :

- Vulnerable patients like children , pregnant women and oldage people.
- Mentally handicapped patients
- Alcoholics
- Surgical patients
- Changes in medication
- Handicapped patients

These can be prevented by :-

- Proper assessment of the patient by the nurse for both OPD patients as well as IPD patients.
- Reassessment of the patients should be done for high risk patients such as patients undergoing surgery.
- Patients should be explained properly about risk associated with changes in medication.

4. RESEARCH

4.1 TITLE - IPSG Audit of Medanta Superspeciality Hospital , Indore

4.2 RATIONALE - Maintaining the quality of health provided to the patients is utmost priority for hospitals . The main rationale behind performing audit on IPSG is to find out the gaps in the safety provided to the patients so that different measures can be taken to improve the quality of safety provided at hospital by assessing the knowledge of the staff.

4.3 OBJECTIVES - The objective of this study are as follows

1. To access the level of awareness among the residents and the nursing staff regarding IPSG goals .
2. To find out the Level of compliance among the patients of certain IPSG Goals.

4.4 AREA OF STUDY - Medanta Superspeciality Hospital , Indore , Madhya Pradesh

4.5 DESIGN - Descriptive Cross Sectional study

4.6 INCLUSION CRITERIA - Study includes :

- Doctors
- Nurses
- Patients

4.7 EXCLUSION CRITERIA - Study excludes :

- Non clincal staff
- OPD patients

4.8 SAMPLING PLAN -

- Non Purposive probability sampling were used .
- Total of 100 samples were studied for the research.
- 100 patients as well as 100 clinical staff were interviewed from 10th may ‘21’ to 2nd july ‘21’.
- 100 patients were interviewed which includes Post surgery recovered patients and patients in ward only requiring medications.
- In clinical staff , 25 doctors and 75 nurses are being interviewed.

4.9 METHOD OF DATA COLLECTION -

Data is collected by patient's documents audit as well as interviewing the

clinical staff and patients by explaining them questions in understandable language .

4.10 DATA ANALYSIS

4.10.1 When the clinical staff were being interviewed and the documents were audited , following results were obtained for six different IPSG goals

4.10.1.1 Below are the tables drawn for IPSG 1

4.10.1.1.1 TABLE 1 REPRESENTS THE RESULTS OF IPSG 1 WHEN DOCUENTS ARE AUDITED

	YES	NO
DOCUMENTATION		
• Correct patient label	96	4
• Wrong reports found	100	0

OVERVIEW - Above drawn table shows the results of documents audited for IPSG 1 . Since IPSG 1 is Corrrect patient identification , so in the documents two major things are checked :

- Each page in the patient's file should had correct patient label.
- Reports should be correctly attached that is whosever patient's file it was , that patient's report shall only be attached .

INTERPRETATION - The results obtained are as follows for documentation :

- Out of 100 patient files , 96 had correct patient label in all pages .
- All 100 files had correct report found.

4.10.1.1.2 TABLE 2 BELOW REPRESENTS THE RESULTS WHEN PATIENT'S WRIST BANDS ARE OBSERVED

	YES	NO
OBSERVATION • Band is clear	100	0

OVERVIEW - Above drawn table shows the results obtained when patient's wrist bands were being observed . When patients are admitted to IPD , a band is tied to their wrists for identification . These wrist bands contain UHID no. of patient as well as patient's name . For correct identification , both should be mentioned properly .

INTERPRETATION - All the bands observed that is 100 , have all the information on them **.**

4.10.1.1.3 TABLE 3 REPRESENTS STAFF KNOWLEDGE ABOUT THE CORRRECT PATIENT IDENTIFICATION

	YES	NO
STAFF KNOWLEDGE		
• Identification of patients	95	5
• Usage of two patient identifiers	85	15
• Identifying unconscious state of patient	100	0
• Awareness of UHID as one of the patient identifier	86	14

OVERVIEW - Above mentioned table contains the results obtained when clinical staff were being interviewed about correct patient identification . Following are the questions asked to the staff :

- They were asked if they know how to identify patients

- They were also asked when two patient identifiers that was patient's name and UHID no should be used.
- Whether they can identify if patient is unconscious
- Are they aware that UHID was also one of the patient identifier.

INTERPRETATION - Following are the results obtained :

- Out of 100 , 95 staff was aware about two patient identifiers
- 85 staff do know when to use two identifiers
- All the staff members know how to identify unconscious patients
- 86 staff do know that UHID can be used as one of the patient identifiers .

4.10.1.2 IPSG 2

4.10.1.2.1 Table 4 SHOWS THE ACCURACY OF DOCUMENTATION MAINTAINED FOR VERBAL ORDERS GIVEN TO NURSING STAFF BY DOCTORS

	YES	NO
DOCUMENTATION		
• Verbal medication order properly documented	100	0
• Verbal insulin orders are correctly documented	64	0
• Critical register is maintained	100	0
• Handovers check list complete	100	0

OVERVIEW - Above drawn table shows the results obtained while checking for the accuracy of documents maintained for the IPSG 2 . Documents should contain the following :

- Whether orders given were written properly
- If insulin orders were given verbally , does the documentation contain glucose monitoring chart
- Critical values were obtained for certain patients , does the values were noted down .
- If staff handover patients to other staff , does that handover is recorded on a page.

INTERPRETATION - Following were the results obtained for the documentation of IPSG 2

- In all 100 files , verbal orders were documented properly
- 64 files had glucose monitoring sheet , rest 36 patients does not require insulin so their files didn't had glucose monitoring sheet.
- Critical register was maintained.
- Handover checklist were present in all the files.

4.10.1.2.2 TABLE 5 REPRESENTS STAFF KNOWLEDGE ABOUT IPSG 2

	YES	NO
STAFF KNOWLEDGE		
• Know the situations where verbal orders are followed	83	17
• Aware about read back policy	81	19
• Know when to follow verbal orders	83	17
• Know how to document verbal orders	95	5

OVERVIEW - Above drawn table represents staff knowledge about IPSG 2 . Following questions were being asked to staff regarding verbal orders documentation to check their awareness .Following questions were being asked :

- Whether staff know what were the situations where they should had followed verbal orders
- What was read back policy
- How they should document verbal orders

INTERPRETATION - Following were the results obtained :

- Out of 100 staff , 83 knows the situation when to follow verbal orders.
- 81 were aware about read back policy
- 95 knew the process of documenting verbal orders .

4.10.1.3 IPSG 3

4.10.1.3.1 TABLE 5 SHOWS THE RESULTS OF DOCUMENTATION FOR IPSG 3

	YES	NO
DOCUMENTATION		
• Narcotic medication are countersigned	32	0
• High alert medication are countersigned	25	0
• Narcotic registers are maintained	32	0
• MAR is completely filled	100	0

OVERVIEW - Above drawn table shows the results for documentation of medication . Following were checked in the patient's file

- If narcotic and high alert medications are countersigned.
- Narcotic register had proper entry.
- Medication administration record has all medications mentioned in them.

INTERPRETATION - Following results were being obtained :

- 32 files had narcotic medications countersigned as well as recorded in register , remaining files do not require narcotic drugs.
- All 100 files had MAR complete.
- 25 files had high alert medications countersigned

4.10.1.3.2 TABLE 7 SHOWS THE RESULTS OBTAINED ON INTERVIEWING STAFF ABOUT IPSG 3

	YES	NO
STAFF KNOWLEDGE		
• High alert drugs	93	7
• Storage of high alert drugs	93	7
• Precautions taken for high alert drugs	74	26
• Identification of high alert drugs	80	20

• Aware of high authority for signing high alert medication	85	15

OVERVIEW - Above mentioned table shows the results obtained while interviewing staff f about IPSG 3 . Following questions were asked to staff :

- Do they know high alert drugs and how to store them
- What are the precautions taken for administering high alert drugs
- How staff would identify high alert medications
- Whom to ask before administration of high alert medication

INTERPRETATION - Following were the results obtained :

- Out of 100 , 93 were aware about high alert medication and about their storage
- 74 staff members know precautions before administering high alert medications
- 80 had identified high alert medication.
- 85 know whom to ask before administering drugs**.**

4.10.1.4 IPSG 4

4.10.1.4.1 TABLE 8 SHOWS THE RESULTS FOR DOCUMENTATION FOR IPSG 4

	YES	NA
DOCUMENTATION		
• Pre operative checklist	34	66
• Surgical safety checklist	34	66
• Intraoperative nursing record	34	66

OVERVIEW - Following documents should be present in files for IPSG 4. The documents are as follows :

- Pre operative checklist
- Intraoperative checklist
- Post operative checklist

INTERPRETATION - In 34 files all the documentation was accurate , rest 66 patients had not undergone surgery

4.10.1.4.2 TABLE 9 SHOWS THE STAFF KNOWLEDGE ABOUT IPSG 4

	YES	NO
STAFF KNOWLEDGE ABOUT SURGICAL PROTOCOL	34	66

OVERVIEW - Above mentioned table shows the results when staff were being asked about the IPSG 4 . It includes time out protocol.

INTERPRETATION - All the staff members were aware about the IPSG 4 .

4.10.1.5 IPSG 5

4.10.1.5.1 TABLE 10 SHOWS THE AWARENESS AMONG NURSES REGARDING IPSG 5

	YES	NO
NURSE INTERVIEW		
• Proper hand hygiene protocol is followed	100	0
• PPE used whenever required	100	0
• Aseptic precaution during, before and after surgery	98	2
• BMW segregated properly	100	0

OVERVIEW - Above mentioned table shows the results of awareness among nurses regarding infection control. Following were the questions asked to the nurses :

- Whether they know proper hand hygiene protocols
- If they use PPE if required
- Precautions taken before , during and after surgery
- Do they know how to segregate Bio Medical Waste

INTERPRETATION - Following are the results obtained :

- All 100 nurses know proper hand hygiene protocol , use of PPE and bio medical waste segregation
- 98 know what aseptic measures to be used before , during and after surgery.

4.10.1.5.2 TABLE 11 SHOWS THE RESULTS OF OBSERVATION OF PATIENT ROOM

	YES	NO
PATIENT ROOM		
• **Hand rubs are available**	100	0
• **Bed is clean**	100	0
• **No unwanted articles at bed side**	100	0

OVERVIEW - Above mentioned table shows the results of observation of patient room or wards .

INTERPRETATION - All 100 patient rooms were having all the amenities to prevent infection.

4.10.1.5.3 TABLE 12 SHOWS THE STAFF EDUCATION ABOUT THE IPSG 5

	YES	NO
STAFF KNOWLEDGE		
• **Steps of hand hygiene**	87	13
• **5 moments of hand hygiene**	89	11
• **Barrier and reverse nursing**	62	38
• **PPE**	100	0

OVERVIEW - Above table shows the results for awareness among staff regarding IPSG 5. Following were the questions asked to assess the staff knowledge :

- What were he steps of hand hygiene
- When should hand hygiene be maintained
- Reverse barrier nursing
- PPE

INTERPRETATION - Following results were obtained :

- Out of 100 staff , 87 knew the steps of hand hygiene
- 89 knew moments of hand hygiene
- 62 knew about reverse barrier and barrier nursing
- All 100 staff members knew about PPE

4.10.1.6 IPSG 6

4.10.1.6.1 TABLE 13 SHOWS THE FALL RISK ASSESSMENT SCORE

	YES	**NO**
FALL RISK ASSESSMENT SCALE		
• Correct and complete scoring on admission	85	15
• Correct scoring when patient is transferred	80	20
• After patient falls	10	10

OVERVIEW - Above drawn table shows the fall risk assessment documented in the patient's files . Following were being checked in the patient's files :

- Fall scoring during admission time
- If patient is transferred from one unit to another then fall score should be mentioned.
- After patient falls , fall score should be mentioned .

INTERPRETATION - Following were the results obtained :

- Out of 100 , 85 files had accurately mentioned fall risk score at time of admission
- 80 had correct scoring while patient is transferred**.**

4.10.1.6.2 TABLE 14 SHOWS THE STAFF KNOWLEDGE ABOUT THE IPSG 6

	YES	NO
STAFF KNOWLEDGE		
• Score for fall	84	16
• Secondary diagnosis	86	14
• Medications that predispose fall	89	11
• Orthostatic hypertension	85	15
• Conditions in patient which leads to fall	90	10

OVERVIEW - Above mentioned table shows the staff knowledge about IPSG 6.

Following are the questions asked to staff for checking awareness :

- Do they know scoring for fall
- Do they know medications causing fall
- Conditions in patients causing fall.

INTERPRETATION - Following are the results obtained :

- Out of 100 , 84 knew correct scoring for fall
- 89 knew medications caused fall
- 90 knew ailments which causes fall

4.10.2 DATA ANALYSIS ACCORDING TO PATIENT INTERVIEW

4.10.2.1 TABLE 15 SHOWS RESULT OF PATIENT INTERVIEW OF IPSG 1

	YES	NO
PATIENT INTERVIEW		
• Verification before procedure	87	13
• Verification before collecting sample	93	7
• Verification before transferring from one unit to another	83	17

OVERVIEW - Patients are also interviewed to check if staff had informed them. Following questions are being asked .

- If their name had been asked by the staff before performing any procedure , before collecting any sample and before transfer from one unit to another.

INTERPRETATION - Following are the results obtained :

- Out of 100 samples , 87 patients were been asked before any procedure
- 93 were verified before collecting sample
- 83 patients were verified before transfer .

4.10.2.2 TABLE 16 SHOWS THE PATIENT INTERVIEW OF IPSG 2

	YES	NO
PATIENT INTERVIEW		
• Patient's have been informed about medication before administration	68	32

OVERVIEW - Above table shows the results of patient interview . Patients had been asked whether they had been informed about medicine before administration.

INTERPRETATION - Out of 100 , 68 patient had been informed about medicine

4.10.2.3 TABLE 17 SHOWS THE PATIENT INTERVIEW ABOUT IPSG 4

	YES	**NO**
PATIENT INTERVIEW	34	66

OVERVIEW - Patients had been interviewed whether before surgery , site of surgery had been asked to them .

INTERPRETATION - 34 patients had been asked .

4.10.2.4 TABLE 18 SHOWS PATIENT INTERVIEW ABOUT IPSG 5

	YES	**NO**
PATIENT INTERVIEW • **Patients are educated regarding hand hygiene** • **Nurses used the handrub before procedures**	 **77** **90**	 **23** **10**

OVERVIEW - Patients had been interviewed whether they had been told by staff to maintain hygiene so to prevent infection .

INTERPRETATION - Out of 100 , 77 patients had been told hand hygiene practices and 90 said that nurses used handrub before procedures .

4.10.2.5 TABLE 19 SHOWS PATIENT AWARENESS ABOUT IPSG 6

	YES	NO
PATIENT EDUCATION		
• Patient taught about surroundings	79	21
• Know importance of using call bell	96	4
• Need to raise side rails	100	0
• Fall due to change in medication	67	33
• Aware about fall prevention techniques	70	30
• Know risk of getting out of bed alone	100	0

OVERVIEW - Above mentioned table shows the result of patient interview about IPSG 6 . Patients are asked whether nursing staff had told them measures to prevent fall.

INTERPRETATION - Following are the results :

- Out of 100 patients . 79 told that nursing staff had oriented them to surroundings
- All 100 patients were told that not to get out of bed alone and side rails need to be raised
- 67 were informed about how their medication would lead to fall.

5 . INTERPRETATION

- Out of 100 people , almost 80 patients have been verified by the staff before performing any procedure , before transfer from one unit to another as well as before collecting sample
- Documentation is accurately maintained in files.
- Id band is clear for all the patients .
- Almost all the staff members know two patient identifiers.
- All the verbal orders are documented correctly wherever required.
- Almost 80% of staff knows when and how to follow verbal orders .
- Narcotic and high alert medications are documented correctly wherever required.
- Almost all patients are being educated about medication before administration.
- Much of the staff knows about high alert medication and norms followed before administering them.
- All the documentation required for surgical procedures are properly maintained.
- Surgical site is correctly marked.
- Patient are also involved while marking the site
- Staff are aware about all the protocols required for surgical procedures.
- Patients are being educated about hand hygiene
- Nurses uses handrub before any procedure
- Much of the staff is aware about steps and moments of hand hygiene .
- About 60 % of the staff knows reverse barrier and barrier nursing.
- Correct scoring of fall is done when patient is admitted.
- Patients are educated about surroundings , use of call bell
- Patients are advised not to get out of the bed alone
- Staff knows correct scoring for fall , secondary diagnosis, medications causing fall and medical conditions which predispose fall.

6 . RECOMMENDATIONS

1. Staff should be more educated about IPSG , for that training should be organized by the organization.
2. Regular audits should be done for checking awareness among staff and reports should be sent to different departments for improvement.
3. Every patient must be verified by the staff before any procedures .
4. Staff must be told about importance of verifying the patient's identity before any procedures.
5. Staff should be told appropriate protocols for documenting verbal orders.
6. Patients have rights to know medications which are being administered to them , staff should inform patients about medications.
7. Staff should be more aware about the high alert medications and whom to ask before administering them.
8. Hospital acquired infections are most common infection causing different ailments so patients must be taught about different precautions to prevent infection.
9. Staff should thoroughly know about maintanence of hand hygiene as it os the most crucial step in prevention of infection.
10. Fall assessment scale should be filled completely and correctly by all the staff whenever patient gets admitted.
11. Patients especially vulnerable patients should be taught measures to avoid falls.
12. Fall risk assessment should be done compulsary for all patients as it helps recognize vulnerable patients so they can be handled more delicately.

7 .CONCLUSION

IPSG are basically designed keeping in mind the safety of patients as a priority for health organizations.

After conducting an audit , It has been observed that good number of clinical staff in IPD wards have good compliance to IPSG .

Certain percentage of staff especially nursing staff needs to be educated about IPSG so that hospital can serve more better quality of patient care services.

8. ANNEXURE

9. REFERENCES

- https://www.slideshare.net/fudahabdulla
- https://www.slideserve.com/michel/international-patient-safety-goals-ipsgh/ipsg
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