“A Study on Awareness about International Patient Safety Goals (IPSG) among the staff in Paras Multispecialty Hospital”

BY-NAINA YADAV

ROLL NO- 1140

Mentor-Dr Piyusha Majumdar

INTRODUCTION

The purpose of international patient safety goals(IPSG) is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert based consensus solutions to these problems. Recognizing that sound system design to the delivery to safe high-quality health care the goals generally focus on system wide solutions wherever possible.

WHO Member States agreed on a World Health Assembly resolution on 10 patient safety issues in order to improve patient safety, harm caused by a range of errors, risk of health care associated infection, hand hygiene to reduce health care associated infection, safety of medical equipment, infection due to reused needles, surgical safety, the economic benefit of improving patient safety, perceived higher risk industries had better safety record compared to health care and patient experience and their health.

International Patient Safety Goals (IPSGs)

Promote Specific improvements in patient safety.

Provide clear priorities and solution for improving patient safety.

Represent proactive strategies to reduce the risk of medical errors.

International Patient Safety Goals

Goal 1: The hospital develops and implements a process to improve accuracy of patient identifications.
Goal 2: Improve Effective Communication
Goal 3: Improve the Safety of High-Alert Medications.

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

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

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

OBJECTIVES

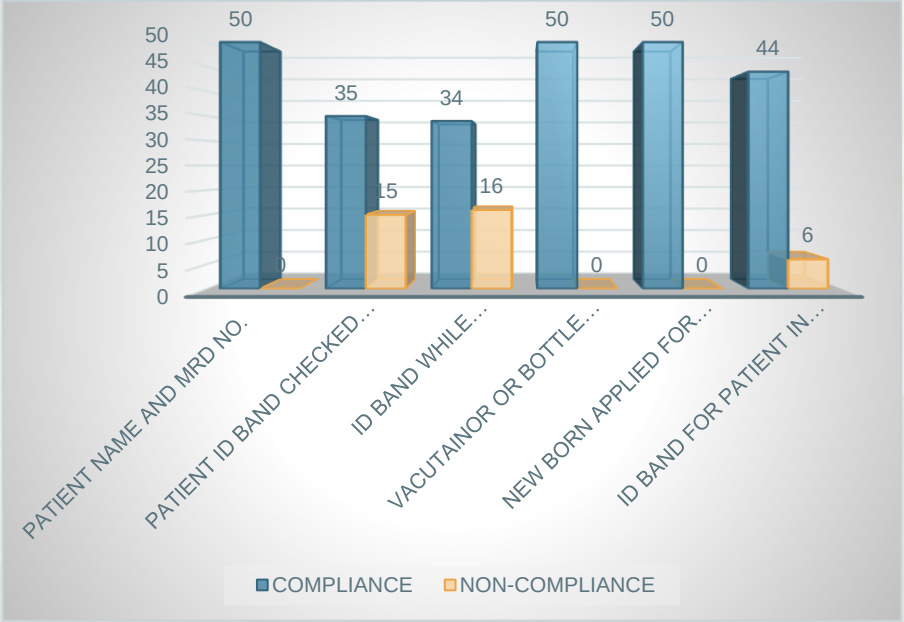
- To assess the emergency clinic's patient well-being criteria in light of the International Patient Safety Goals.
- To determine whether or not the Paras clinic's patient wellness goals are being met.
- If there are any, suggest healing actions to increase patient security.

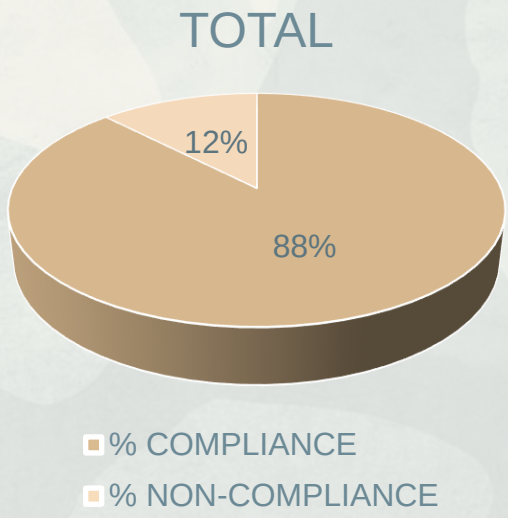
METHODOLOGY

- The study design was **cross sectional observational study** which was carried out the period of two months in a tertiary care hospital, Gurugram.
- The data collection tool was used administered **questionnaire** which was prepared by using International Patient Safety Goals as per NABH standard.
- Based on the questionnaire the checklist was prepared as the each goal has been studied. The study pattern includes both observation and audit of various areas and remarks was given in the form of compliance (C) or non-compliance (NC) The data then analyzed in excel.

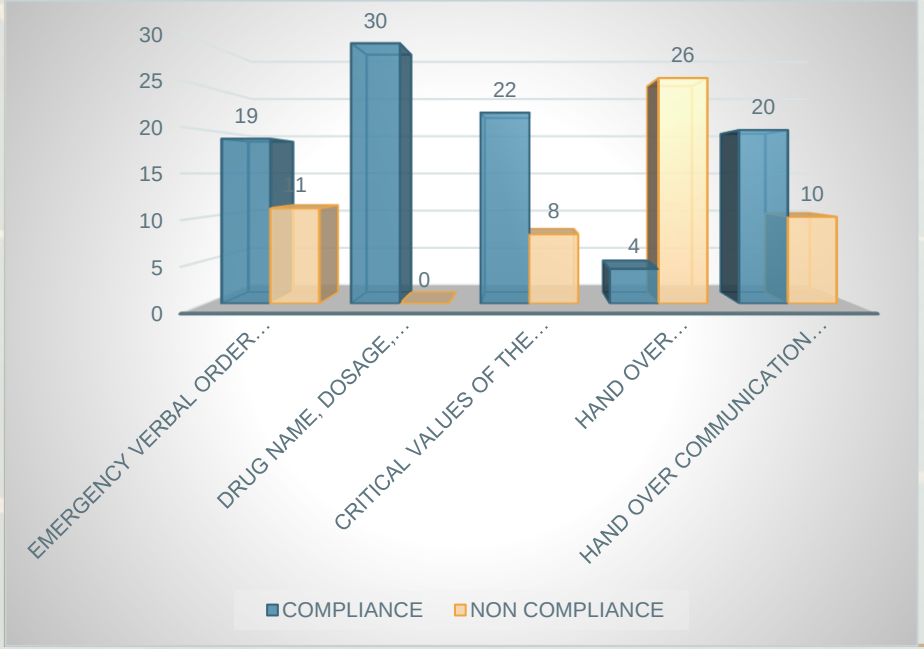
RESULTS:

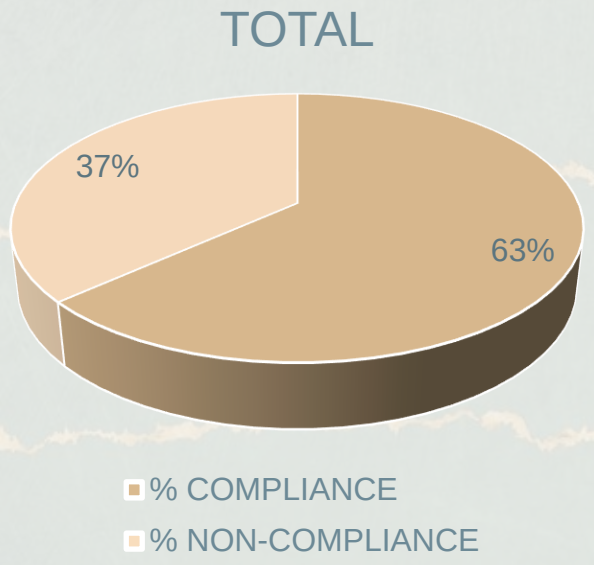
PATIENT IDENTIFICATION



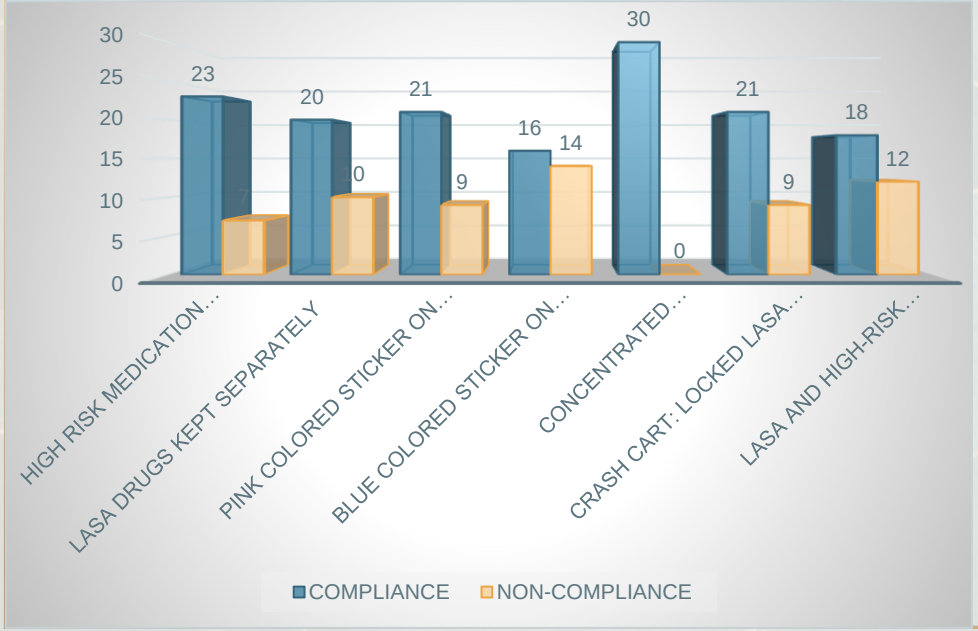


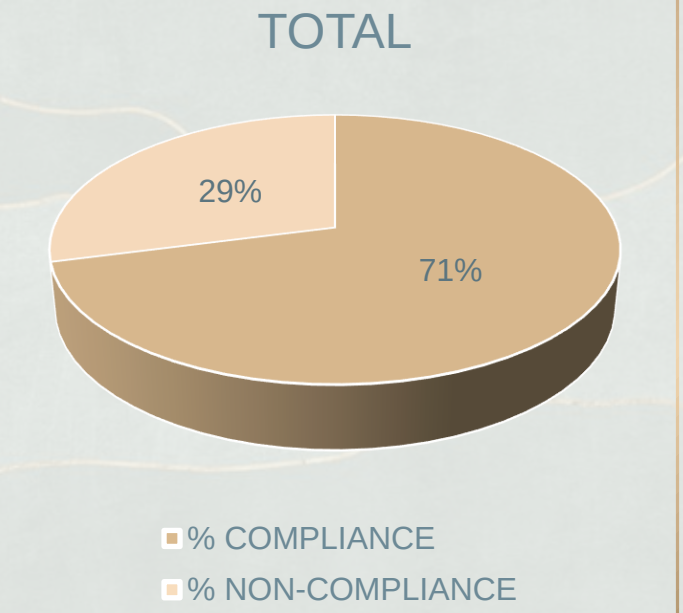
EFFECTIVE COMMUNICATIONS





IMPROVE SAFETY OF HIGH ALERT MEDICATION





CONCLUSION

According to the finding Non -Compliance of **Patient Identification is 12%** as patient not transferred with ID band, Id bands check before Blood collection.

According to the findings Effective Communication **Non- Compliance % is 37%** due to Handover in files and filled and signed by nurse with instructions.

According to the observation collected there is Non-Compliance of **29% in Improve of safety of high alert medicines** due to Medicine identifying stickers were not placed in high-risk areas, and LASA sedates were not placed separately from LASA medications.

.

SUGGESTION

- Effective Communication (Handover in files and filled and signed by nurse with instructions) can be improve with:

✓ Provision for information regarding the status, treatment plan, medications of the patient.

✓ Give sufficient time for communicating important details and staff to ask and give response without interference

- Improve of safety of high alert medicines can be done by putting the Medicine identifying stickers on high-risk areas, and LASA sedates placed separately from LASA medications and placing blue colour sticker on Sound Alike medication.
- The patient's Id Band was not examined before to the collection of blood tests, and tolerant distinguishing proof was not performed when the patient was being moved.

.

BIBLIOGRAPHY

- Quality handbook for employees Paras Hospital.
- NABH 5th Edition book
- Brig AbhijitChakravarty, Maj AnupamSahu, Brig Manas Biswas, SurgCaptKaustuv Chatterjee, SubrataRath. "*A study of assessment of patient safety climate in tertiary care hospitals"* Medical Journal Armed Forces India 71 (2015) 152-157
- James Conway, M.S. Getting Boards on Board: Engaging Governing Boards in Quality and Safety
- Ali Baba-Akbari Sari, Trevor A Sheldon, Alison Cracknell, Alastair Turnbull.Sensitivity of routine system for reporting patient safety incidents in an NHS hospital: retrospective patient case notes review.BMJ, doi:10.1136/bmj.39031.507153.AE
- Zuber M. ShaikhSoleiman AL-Towyan&Gazala Khan **"***critical analysis of international patient saftey goals standards in JCI***",** Vol 4, issue 3, March 2016, 71-78

THANKS!