

Summer Training
At
Paras Multispecialty Hospital
Gurugram
(May 17 to July 2, 2021)

A Report On
**A Study on Awareness about International Patient Safety Goals
(IPSG) among the staff in Paras Multispecialty Hospital**

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Acknowledgment

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PHPL/HR – Comm./2021/300

July 10, 2021

WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Naina Yadav** has successfully completed his training in the department of **Quaity** from **May 17, 2021** to **July 10, 2021**.

During her training period, she was found to be sincere and dedicated towards her assignment.

We wish her all the best for her future endeavors.

For Paras Hospitals, Gurgaon


Authorized Signatory
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ACRONYMS/ABBREVIATIONS

1. NABH - National Accreditation Board for Clinics and Medical Care
2. NABL - National Accreditation Board for Testing and Alignment Research Facilities
3. CCUs - Cardiac care units
4. ICU - Intensive Care Unit
5. LASA – Look-Alike/Sound-Alike
6. IPSG - International Patient Safety Goals
7. OPD – Outpatient Department
8. C - Compliance
9. NC – Non-Compliance
10. IVF – In Vitro Fertilization
11. IPD-Inpatient Department
12. APACHE- Acute Physiology and Chronic Health Evaluation
13. MICU- Medical Intensive Care Unit
14. OD- Once a Day
15. BD- Twice Daily
16. TDS-Three Times a Day

INTRODUCTION

As part of the MBA Hospital & Healthcare management at IIHMR University, Jaipur the students are required to undergo summer training at a health sector organization at the end of their first year. The duration of this summer training is of eight weeks during which the trainee is required to work in an organizational setting and learn their day-to-day activities, apart from helping them out in the tasks assigned to the trainee. The trainee is required to submit a project report at the end of their training and present it to the organization as well as the panel at IIHMR to get the training certificate.

The objectives for this summer training are:

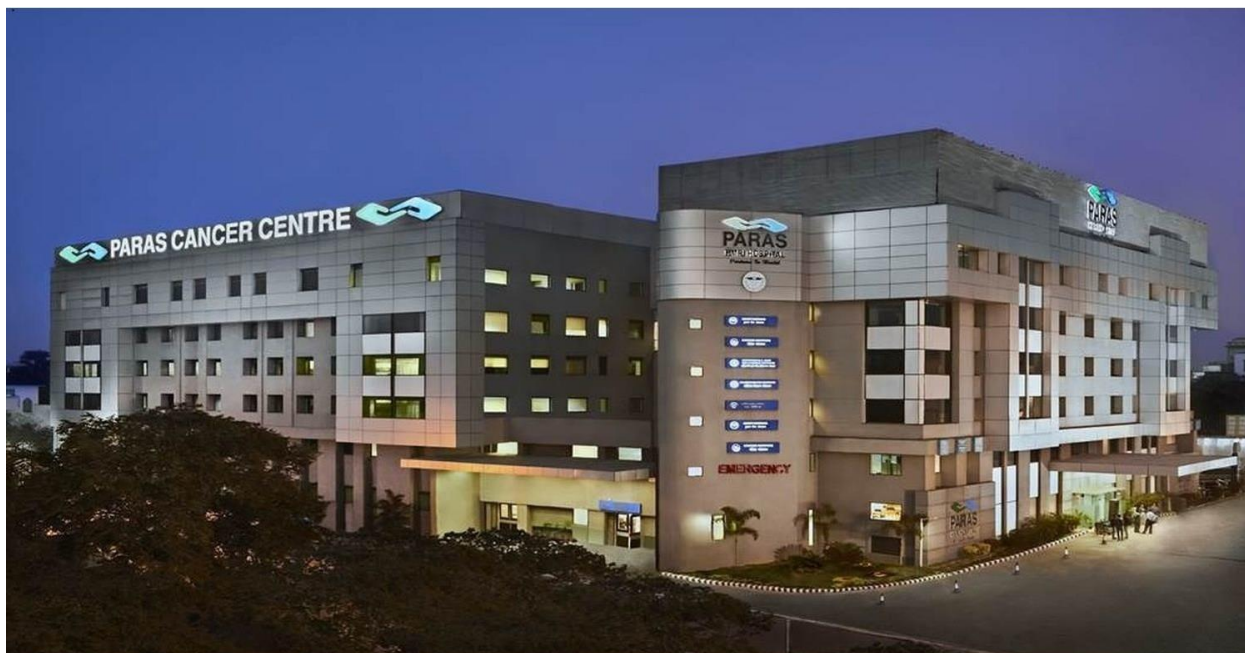
1. To understand and learn day to day micro-level operations management of a hospital/healthcare/pharma/rural organization
2. To identify issues/problems associated with some specific operational area/programs
3. To provide some solution to the identified problems.

This trainee was placed at Paras Hospital, Gurgaon. Assigned to work in Quality Department. The Trainee could follow the entire process, File Audit, Oxygen audit, knowing the Admission and discharge procedure, Analysis of patient feedback (OPD,IPD) , Calculating APACHE in MICU, Clinician feedback analysis and interaction with doctors and observing patients.

Table 1.0 : A Snapshot of the work done during the Summer Training

WEEK	ACTIVITY PERFORMED	OBJECTIVES	KEY LEARNING
1 (May 17-23, 2021) (Audit of Covid patient file)	Audit of patient file according to the checklist	Check the files according to the checklist of the files helps to decrease the errors in the file	Identify all the forms require for admission of IPD patient and attached during the stay of the patient in the hospital
2 (May 24-30, 2021) (Audit and collecting feedback forms)	Audit of Files and collection of feedback forms	To improve the standard of patient care in the hospital by interacting with the patient and checking medications, doctor visits, Nursing care filled, is given on time.	How to check the file and find the area where the hospital is lacking the providing quality care.

3 (May 31- June 6, 2021) (Audit, Feedback analysis)	Interacting with the patient to know about their problems during the stay in the hospital	Audit of files and analysis of feedback received during the month.	What are the problems that the patient is facing and how can be managed in a better way?
4 (June 7-13, 2021, 2021) (Apache Calculation, Audit)	Calculation of Apache in MICU, Audit	Understanding the calculation of Apache and check the mortality rate of the patient	How to calculate Apache and provide satisfaction patient through all the services.
5 (June 14-20, 2021) (Audit of Mortality file)	Mortality file check and Audit.	To check that the treatment given to the patient was satisfactory	To determine the department which has a high frequency of death and take corrective measures.
6 (June 21-27, 2021) (Audit)	A proper audit of file at all counters	To see that all the medications are given, Nurse's notes are filled and handover is done, a doctor visiting twice a day. Then analyses who is lacking in giving care to the patient.	How to check medications are given timely (BD, OD, TDS ,etc.). Check the TPR chart.
7 (June 28-July 2, 2021) (Apache, staff appreciation, NABH Audit preparations)	Calculating Apache and based on feedback received for the staff good work are separated	To ensure that every feedback is observed and the staff is appreciated for their work.	What is required for NABH Audit?
8 (July 3 -July 10, 2021) (Quality)	Finding the changes done in NABH 5 th edition	So that the improvement is done in the hospital according to the new edition	How to upgrade patient care to provide a standard of care according to NABH new edition.



HOSPITAL PROFILE

About the Hospital: Paraspine Multispecialty Hospital

Paraspine Medical Clinic is a 250-bed hospital with ties to Paraspine Medical Care's signature boat emergency clinic. It is a cutting-edge multi-specialty clinic that provides a comprehensive spectrum of cutting-edge clinical and meticulous intercessions in an inpatient and outpatient setting. Since 2006, Paraspine Clinics has pursued its goal of providing cutting-edge, change, and attainable clinical care to its patients. The emergency facility houses roughly 55 super-claims-to-fame under one roof, all of which are supported by a staff of world-famous experts.

Gurgaon is also home to the first NABH (National Accreditation Board for Clinics and Medical Care)-accredited corporate medical clinic in Haryana. It is also the first emergency clinic in the area to be accredited by the NABL (National Accreditation Board for Testing and Alignment Research Facilities).

Paraspine Clinics began with a Centre of attraction on neurosciences, joint replacement, and mother and child care. Presently, there is roughly 55 claims to fame offices, covering gynecology, ophthalmology, dermatology, endocrinology, rheumatology, restorative and plastic medical process, and minimally invasive medical procedure.

HOSPITAL SPECIALITIES:

- ❖ Physiotherapy
- ❖ Ophthalmology
- ❖ Internal Medicines

- ❖ Gynaecology & Obstetrics
- ❖ Neonatology
- ❖ Haematology
- ❖ ENT
- ❖ Endocrinology
- ❖ Dermatology
- ❖ Dentistry
- ❖ Critical Care
- ❖ IVF
- ❖ Lab Science
- ❖ Nutrition and Dietetics
- ❖ Emergency Medicine
- ❖ Vascular & Endovascular Surgery
- ❖ Spine Services
- ❖ Rheumatology
- ❖ Radiology
- ❖ Pulmonology
- ❖ Psychiatry and Psychology

CENTERS OF EXCELLENCE:

- Neurosurgery
- Minimal access & Bariatric
- General and Laparoscopic Surgery
- Gastroenterology and GI Surgery
- Kidney Transplant
- Orthopaedics & Joint Replacement
- Cardiology
- Neurology
- Cancer Care

FACILITIES:

- ❖ Clinical Services
- ❖ 24x7 ambulances
- ❖ Cardiac care units (CCUs)
- ❖ Interventional cardiology

- ❖ Flat panel Cath lab
- ❖ Catheterization laboratories
- ❖ EPS and RF ablation
- ❖ Non-invasion investigations
- ❖ Heart-line contact for emergencies

Dr. Dharminder Nagar has set up a chain – Paras Bliss. Today its units are in 3 prominent locations – New Delhi, Panchkula & Noida, providing specialized medical expertise such as fetal medicine, pregnancy care ,and support for high-risk pregnancy and pre-term deliveries. Paras Healthcare has also launched Paras Global Hospitals in Darbhanga, the first private hospital in the region to have an Intensive Care Unit (ICU), cardiac facility and full-fledged in-house diagnostics.

By 2020, Paras Medical Services plans to open six additional emergency clinics in North India's Level 2 and Level 3 cities. The company envisions a bed strength of 2000 beds in the not-too-distant future. At that moment, the gathering income must exceed 1500 crores.

Mission:

Our main objective is to provide the highest quality therapeutic services while maintaining the highest level of responsibility and compassion. Our administration ensures that each patient receives the best therapy possible, whether it is preventative or demonstrative.

Vision:

Paras Hospital strives to be the community's preferred medical care partner. Every project we do will be guided by the three pillars of medical care: affordability, accessibility, and quality.

OBSERVATIONAL LEARNINGS:

- CLINICAL SERVICES
- OPD DEPARTMENT

Project report

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

ABSTRACT

One of the most important aspects of hospitals is the patient's well-being. Patient safety objectives highlight high-risk areas in medical care and display solutions based on proof and master agreements. Recognizing that a sound framework configuration is necessary for access to safe and excellent medical services The majority of the goals are focused on broad framework arrangements. WHO Member States agreed to work on understanding security, harm caused by a variety of errors, the risk of medical care-related disease, hand hygiene to reduce medical-services-related contamination, clinical hardware security, contamination from reused needles, careful wellbeing, and the financial benefit of working with patients.

METHODOLOGY

This investigation was a cross-sectional observational study. The examination was carried out in a tertiary consideration medical clinic, Paras emergency clinic Gurugram, for two months, during which all patients admitted to the clinic and the Paras staff were reviewed and noted.

DATA COLLECTION:

Primary data was gathered in Paras Hospital by auditing and observation using a NABH 5th edition self-assessment questionnaire tool. The information was gathered and evaluated in Excel.

OBJECTIVE

The objective of the study is to know the patient safety standards in the hospital in accordance to the (International Patient Safety Goals). To check the adherence of patient safety goals in the Paras hospital.

KEY RESULT:

1. Inpatient identification evidence, prior to the collection of blood tests, the patient's id band was not examined, and silent ID was not performed while the patient was being moved.
2. Inpatient correspondence, a verbal request for help was made, but it was not approved by the treating specialist within 24 hours.
3. Prescription naming stickers were not placed in high-risk areas, and LASA medications were not placed separately in high-risk areas.

CONCLUSION:

Patient security was one of the significant spaces of value barrier in emergency clinics, according to the investigation, because patients are the customers through profit can be earned of any

emergency clinic, thus their well-being needs to be prioritized. Depending upon the responses in all areas of the patients' well-being Centre, proper quality improvement efforts can be recognized and corrected.

INTRODUCTION:

The goal of global patient well-being objectives (IPSG) is to encourage explicit improvements in long-term patient security. The goals underline high-risk areas in medical cure and depict proof and master-based agreement result to this issue. Acknowledge that framework configuration is necessary for the delivery of safe, quality medical services, objectives highlight framework-broad arrangements whenever feasible.

WHO Member admit to working on tolerant wellbeing, damage caused by a variety of fault, risk of medical care-related disease, security of clinical hardware, contamination due to use needles, careful wellbeing, and financial welfare of working with patients.

A wrong recurring error occurs in virtually every aspect of the search and therapy process. The patient may be calmed, befuddled, unprepared, or incoherent; they may have tactile impairments; they may forget their personality; they may be dependent on various circumstances that may result in a mistake in correctly distinguishing proof. The goal of this design is twofold: first, to reliably identify the individual who needs assistance or treatment, and second, to make the assistance or treatment provided to that individual easier.

Mistakes and outcomes molecule chipped away at long haul security are reduced by convincing correspondence that is entirely explicit, straightforward, and comprehended by the recipient.

Nonetheless, high-potency medicines do greater harm over time, and the harm they cause is likely to be more genuine when they are given incorrectly. This might result in increased patient difficulties and, therefore, more costs associated with focusing in on these individuals. Clinics are increasingly concerned about critical patient damage as well as hostile and sentinel events resulting from the use of the incorrect site, technique, or long-term medical practice. Such occurrences are caused by a lack of or insufficient correspondence between members of a group. As a result, monitoring this process has become increasingly important for patient well-being.

Most medical services settings test for disease prevention and control, and rising rates of medical services-related contamination are a source of concern for medical care providers.

Falls result in several wounds in clinic for both inpatients and outpatients. The patients, the situation, and/or the environment all contribute to the risk of falling. Patient-related hazards may include a patient's history of falls. Drug or alcoholic abuse, stride or equilibrium problems
Mental status was altered as a result of visual impedances.

LITERATURE REVIEW:

IPSG.1

The clinic encourages engagement in order to improve the correctness in the IDs of the patients.

Intent of IPSG.1

The separate evidence cycle in a crisis center requires something like two ways to view a patient, such as the patient's name, ID number, birth date, a bar-coded wristband, or alternative techniques. It's impossible to use room number or location of patient as recognized proof. These distinct personalities are employed throughout the clinical institution, including in the outpatient sections, the emergency room, the operating theatre, and the characteristic divisions, among other places.

In every condition, including patient intercessions, two unique patient identities are required. Patients are distinguished before receiving therapies (such as overseeing prescriptions, blood, or blood items; serving a limited eating regimen plate; or radiation treatment); performing systems (such as an intravenous line or hemodialysis); and performing demonstrative methods (such as using an intravenous line or hemodialysis).

Additionally, ID of incapacitated patient with no identifiable proof is supplied.

Elements of IPSG.1

1. Patients are identified by, which do not include the patient's room number or location.
2. Before medications and procedures are administered patient identified.
3. Before any analytic strategies are implemented patient are identified.

Goal 2:

Improve Effective Communication

Standard IPSG.2

The medical clinic organizes/conducts an interaction to correct the quality of verbal and telephonic communication between parents.

IPSG.2.1 Standard.

Clinic develops a cycle for announcing basic analytic test aftereffects.

IPSG.2.2 Standard.

The medical clinic designs and implements a handover correspondence interaction.

IPSG.2 through IPSG.2.2

Correspondence that is timely, exact, comprehensive, unambiguous, and understood by the recipient reduces mishaps and leads to worked on silent security. Electronic, verbal, or written correspondence are all options. Verbal or phone patient consideration commands, verbal or phone correspondence of basic test results, and handover interchanges are all examples of patient consideration situations that can be profoundly impacted by powerless correspondence. Handoff correspondences are another term for handover interchanges. The most blunder-prone interchanges reveal restraint care orders provided verbally and through phone, where permitted by local laws and rules. The collector may struggle to understand the request due to a variety of intonations, tongues, and articulations. The problem is typically compounded by foundation turmoil, interferences, and new medicine names and phrasing. When a vocal request is received, it should be converted into a written request, which adds complexity and risk to the requesting contact.

The public disclosure of fundamental results of diagnostic tests is also a part of safety of the patient concern. Research centre testing, radiology tests, atomic medication tests, ultrasound systems, appealing reverberation imaging, and cardiac diagnostics are examples of indicative tests. This includes basic results from any bedside demonstration tests, such as reason for care testing, flexible radiography, trans esophageal echocardiograms. Outcomes that are fundamentally outside the normal range may indicate a dangerous situation. Patient risks are reduced by a traditional reporting structure that clearly defines how basic aftereffects of symptomatic testing are communicated to medical care professionals and how the data is reported.

The following are safe guidelines for verbal or phone interactions:

- Restricting vocal correspondence of remedy or prescription requests to emergency where prompt written transmission is not possible. When the prescriber is accessible and the diagram of patient is there, for example, verbal orders can be rejected. Verbal orders can be little to situations where a printed version or electronic request transmission would be difficult or confusing,
- Improvement of rules for mentioning and accepting test results on a crisis or detail premise, separating proof and meanings of basic tests and basic qualities, accounting for basic test outcomes to whom and by whom, and ensuring consistency.
- The recipient of the data writing down the overall request or test result. Allowable choices for when the read-back cycle isn't every time feasible, such as in emanant circumstances in crisis division or Emergency unit, may be acknowledged.

Within a clinic, patient care is passed from one person to another.

- Between medical facility offeror, such as between doctors and various doctors, medical facility offerors, or from one supplier to the next in the course of shift transferring;
- Between different stages of treatment in the same clinic, when a patient is transferred from an emergency room to clinical unit, a crisis division to the operating room;
- From IP units to demonstrative divisions, like radiography /active recuperation, there's something for everyone.

Failure in communication can take place at the handover of the patient's thoughts and can sum up in hostile situations. Foundation commotions, interferences, and other unit exercise interruptions can obstruct clear correspondence of important patient data. The results discovered with patient consideration handovers can all be further developed with standardized, fundamental substance for correspondence between the patient, family, guardian, and medical service providers.

Measurable Elements of IPSG.2

1. The recipient reports and reads the entire spoken request, which is then confirmed by the person who made it.
2. The collector records and reads back the entire phone request, which is then confirmed by the person who made it.
3. The collector saves and reads the entire result, which is then established by the person who offers the result.

Measurable Elements of IPSG.2.1

1. Each type of symptomatic test has been assigned basic attributes by the medical clinic.
2. The medical clinic has determined who is responsible for the basic implications of diagnostic tests and to whom they are accountable.
3. Clinic has recognized what details is stored are the patient's record.

Elements of IPSG.2.2

1. During patient consideration handovers, standardized fundamental material is communicated between medical care providers.
2. Stable and thorough handover is aided by standardized structures, devices, and procedures.
3. Data from handover correspondences is tracked and analyzed to improve methods for handling secure handover correspondence.

Goal 3:
Improve the Safety of High-Alert Medications

IPSG.3.1

Medical clinic plans and an interaction to address the safe use of concentrated electrolytes.

IPSG.3 and IPSG.3.1

When medication is required for a patient's treatment plan, proper administration is critical to see patient safety. Any pharmaceutical, ones which can be bought without doctor consultation, can cause harm if taken incorrectly. In any event, high-ready medications cause more harm from time to time, and the harm caused by them is more genuine when given inadvertently. It can result in high patient suffering, perhaps, more expenses associated with the care of patients.

Medications that are high-ready include

- Medicines like insulin, heparin, or chemotherapeutics, which are linked to a more rate of mistake, also sentinel events;
- Medicines with names, packaging and naming, or clinical uses that are similar, sound similar, such as Xanax and Zantac, or hydralazine and hydroxyzine.

Below are a lot of prescription names that sound or seem like other drugs. Name confusion is the root of medical mistakes all over the world. Instability is exacerbated by the fact that

- drug names with insufficient information;
- goods that have recently been available;
- bundling and labeling that is similar;
- comparable clinical application;
- comparable features, dose structures, and organization recurrence; and
- Illegible remedies or errors in judgment while providing verbal directives.

The incorrect or accidental arrangement of concentrated electrolytes is an often mentioned prescription security risk. When employees have not positioned correctly consideration, when agreement attendants are used and not properly arranged, mistakes might occur. The best method to decrease these incidents is to create a system for monitoring ready medications such as moving electrolytes consideration units to the pharmacy.

Clinic compiles that cause a serious risk based on medical clinic data related to drug use in the emergency room, unfavorable and close miss events. List consist of medicines that have been identified as having a high risk of having antagonistic effects, as well as those that have a high risk of looking/sounding alike. These prescriptions are stored to decrease the chance the coincidental organization or, in an ideal world, give guidance on how to use the drug properly.

Systems to work on the security of high-ready pharmaceuticals could be tailored to each individual threat. The clinic also recognizes any areas where electrolytes are essentially dictated by evidence and expert use, like the crisis office and working theatre, distinguishes procedure of marked and stock in those spaces in a way that restricts approach to avoid coincidental organization.

Elements of IP SG.3

1. Emergency clinic has a list of prescriptions that Look and Sound the same. This list compiled using medical clinic explicit data.
1. The emergency clinic uses ways to improve the security of high-ready medications, such as explicit stockpiling, recommending, planning, organizing, and checking.
2. The naming, and capacity of high-ready medications, even those that look/sound alike, are consistent across the emergency clinic.

Goal 4

Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

IP SG.4

Medical clinic creates an interaction to ensure that the correct site, methodology, and tolerated medical procedure are used.

IP SG.4.1 Standard.

To ensure the proper venue, right methodology, and correct quiet for a medical treatment, the clinic prepares and implements a cycle for the break that is acted in the working auditorium immediately before to the start of a medical process.

IP SG.4 and IP SG.4.1

In emergency rooms, the wrong-site, wrong-technique, wrong-patient medical operation is all too often. These errors are the result of insufficient correspondence between members of cautious group and a lack of procedures for determining whether the site is usable. Furthermore, ineffective patient evaluation, insufficient clinical, difficulties with handwriting, and allowance of truncations are all major factors.

All approaches that explore or potentially remedy illnesses and concerns of human body through cutting, adjusting, or including demonstrative/restorative degrees are included in medical procedure and obtrusive strategies. All areas inside the clinic where careful and intrusive methods are used must be identified by associations. The medical clinic's methodology for

ensuring the right site, right system, and correct silence for a medical treatment applies to all areas of the clinic where meticulous and obtrusive strategies are implemented.

The essential cycles discovered in the All-inclusive Convention are as follows:

- a preoperative check measure;
- a break that occurs before the start of a strategy.

The patient is noted for the meticulous and noticeable method site, which is completed with a conspicuous imprint in a split second. Engraving should be consistent across the healthcare facility; it should be done by the person who is playing the system and it should be noticeable after patient has been arranged & handed. Careful site saved under every situation, including laterality, item formation, and different levels.

The Operative confirmation test ensure that everything is in order before surgery.

- Double-check that right site, procedure, and patient are being used;
- Confirm any required unique clinical innovation as well as embeds are available.

Different parts of the preoperative check measure finished previous to reaches at operative place, like make sure reports and desk work are suitably titled accessible, identifying surgical location. Indeed, if desk work or imaging are not designated and available when the medical process is to begin, delaying until the chance to complete the preoperative confirmation cycle may be an unnecessary postponement of a medical procedure. Parts of the preoperative check are almost definitely going to happen more than once and in different locations. For example, the careful assent might be obtained in the specialist's office, and then checked in the preoperative holding region; denoting the careful site might be done in the preoperative region; & confirming appropriate clinical innovation is accessible might be done in working theatre.

The break, which occurs before the start of the procedure and is attended by all colleagues, grant any remaining misunderstanding to be sort out. Split occurs in the location where the strategy will be carried out, not long before the method begins, and encompasses the entire new employable group. The break approach does not require the group's participation. The emergency clinic selects how to report the break interaction.

1. Emergency room recognised imprint for cautious & unobtrusive technique recognisable proof that is consistent throughout the medical facility.
2. An intrusive method the person doing the approach completes the site stamping and incorporates the patient in the checking cycle.
3. The clinic uses an agenda or other kind of engagement to document, prior to the system, that the educated agree that the methodology is appropriate; that the proper place, technique, and quiet are recognised; and that all reports and clinical innovation are available and useful.

Elements of IPSG.4.1

1. Prior to beginning a careful/obtrusive technique, the entire careful group leads and reports a break system nearby in which the medical procedure/intrusive strategy will be conducted.
2. The right persistent distinguishing proof, knowledge of method to be done, and confirmation that check cycle has been finished are the segments of the break.
3. The medical clinic uses uniform cycles to ensure the appropriate place, right technique, and correct tolerant when medical procedures, including clinical and dental systems, are performed in settings outside than the operating theatre.

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

Standard 5

To decrease the risk of medical service-related contaminations, the medical clinic supports and implements proof-based hand-cleaning guidelines.

Intent of IP5G.5

Contamination management are difficult in most medical care, and the increasing rates of medical services-related disorders are a major source of concern for both patients and medical professionals. Catheter-related urinary lot infections, circulation system contaminations, and pneumonia are all common contaminants in medical care settings (regularly connected with mechanical ventilation).

Appropriate hand hygiene is essential for the removal of these and other contaminants. The emergency room adopts and follows the already widely disseminated proof-based hand-washing guidelines. Hand-washing and hand-sanitization at relevant places, and personnel is trained in hand-washing and sanitization techniques. In areas where hand-wash & sanitizing systems are necessary, cleaners, sanitizers or other methods of drying are located.

Measurable Elements of IP5G.5

1. Proof-based hand-cleanliness regulations have been presented to the medical clinic.
2. The emergency clinic has a strong hand-washing programme that extends across the medical facility.
3. Hand-wash and hand-sterilization methods are followed throughout medical clinic in accordance with hand-cleanliness guidelines.

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

IPSG.6

Medical clinic implements a cycle to decrease the risk of patient injury as a result of falls.

Intent of IPSG.6

Falls result in a large number of wounds in clinics, including inpatients and outpatients. The patient, the situation, and the environment all contribute to the risk of falling. Patients may be at risk due to a history of falls, the use of prescription drugs, the consumption of alcoholic beverages, the deterioration of step or balance, visual impairments, changes in mental condition, and other factors. Patients who were previously deemed safe from falling may suddenly become in grave risk. Medical procedure and anesthesia, sudden changes in calm state, and medicine adjustments are only a few of the reasons. During their stay in the hospital, many patients need to be reassessed. Patients regarded to be at risk of falling are classified according to written rules.

A situational danger is a patient who comes to the OP clinic for a radiologic evaluation after traveling a long distance in a salvage vehicle. In that case, the patient might fall when transferring from the emergency vehicle truck to the test while exchanging positions while resting limited test figure. Given what organizations have given, unambiguous places may provide a greater risk of collapsing. For example, a well-functioning rehabilitation Centre may feature a variety of unique equipment that patients use that increases the risk of falling, such as model comparable bars and unsupported stairways.

The healthcare institution should audit patient falls to develop ways to lower risk of falling and injury in terms of people it offer, the services and the places it operates. The clinical center is responsible for identifying the locations, circumstances, and types of patients who may be at risk of falling.

Medical facility develops a fall risk reduction program is on methodologies and methods. The program examines the foreseen and unforeseen consequences of actions made to decrease falls. Unsuitable use of real restrictions or liquid admission limitations, for example, might result in damage, decreased flow.

Measurable Elements of IPSG.6

1. Clinic surveys all IPD and OPD whose condition, analysis, scenario, or region indicates that they are at high risk of falling.
2. Based on archival models, the clinic implements an interaction for underlying, ongoing appraisal and mediation of IPD and OPD identified as at risk for falls.

3. Measures are taken to decrease the risk of falling for those patients, situations identified as being at risk.

RESEARCH QUESTION:

How effectively does the Paras MultiSpeciality Clinic adhere to patient well-being goals?

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.

MATERIALS AND METHODS:

STUDY DESIGN: Observational cross-sectional study

SAMPLE SIZE- 110 Sample Size, that includes all the staff and the patients who are admitted in the hospital.

STUDY TECHNIQUE: Observation and documented review.

DATA COLLECTION TOOL: Questionnaire (Structured)

SAMPLE TECHNIQUE: Non-probability convenience sampling

INCLUSION CRITERIA: All the staff and patients who are admitted in the hospital.

EXCLUSION CRITERIA: OPD patients.

METHODOLOGY:

The study design was Cross-Sectional Observational study.

The data collection device used was a poll that was prepared using International Patient Safety Goals in accordance with NABH standards.

The agenda was prepared in light of the poll, and each objective was thoroughly analyzed. The examination design includes both perception and review of several regions, with remarks indicating consistency (C) or rebelliousness (NC). Data was then studied in detail.

RESULT:

TABLE 9.1 PATIENT IDENTIFICATION:
Total – 50 Questionnaire

ACTIVITIES	COMPLIANCE	NON-COMPLIANCE	% COMPLIANCE	% NON-COMPLIANCE	% TOTAL
MRD number and Name of the Patient (Patient File)	50	-	100	-	100
Two ID placed on the Patient ID band	35	15	70	30	100
Before blood sample collection at Nursing station ID band checked	34	16	68	32	100
Before administering the drugs ID band checked	50	-	100	-	100
Identification applied to New Born	50	-	100	-	100
Patient in (Emergency, executive health checkup, radiation oncology, bronchoscopy, minor OT, nuclear medicine) ID bands	44	6	88	12	100
OVERALL PERCENTAGE			87.67	12.33	

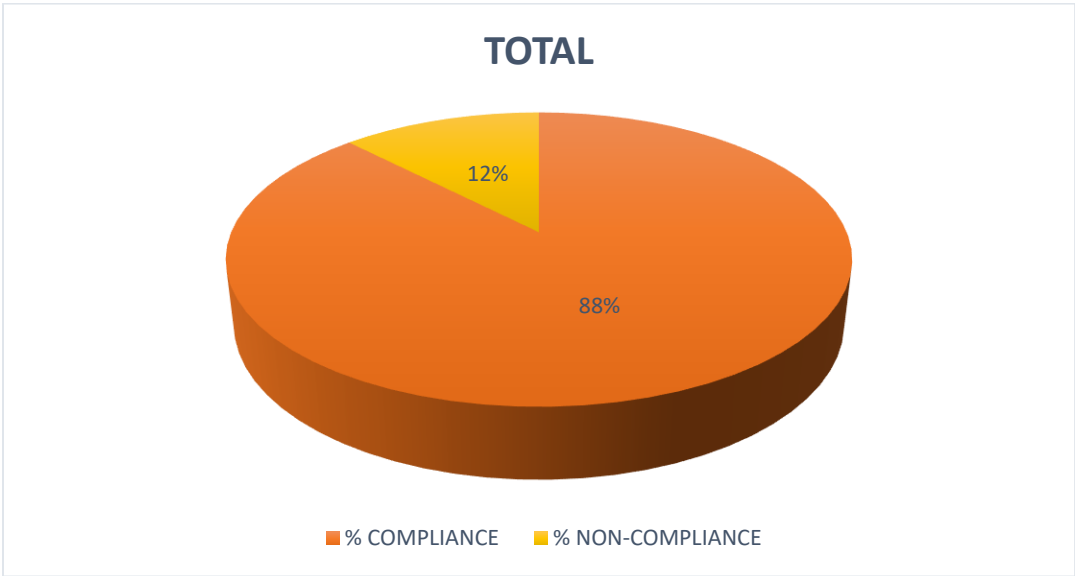
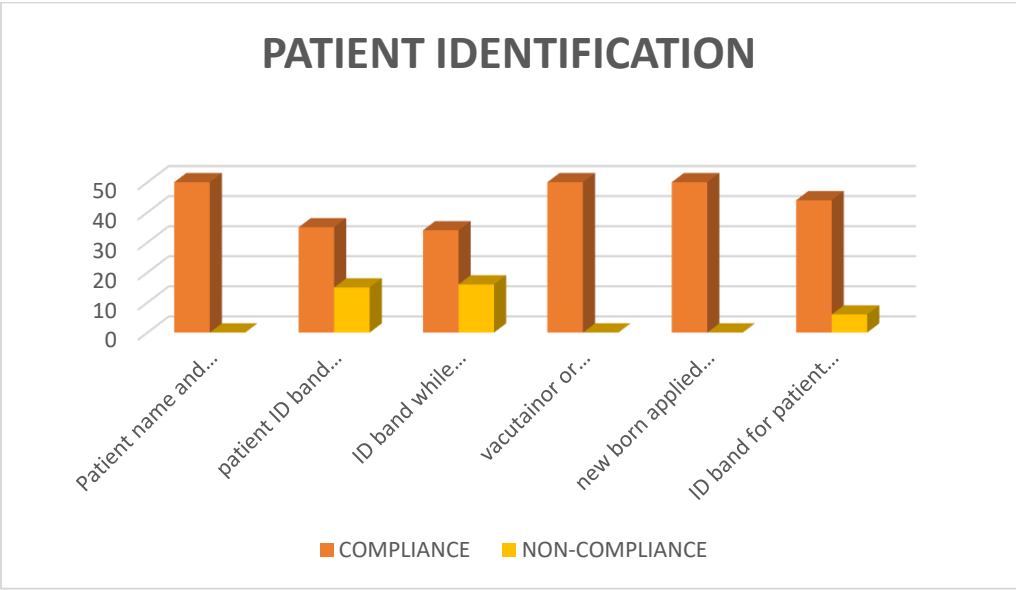
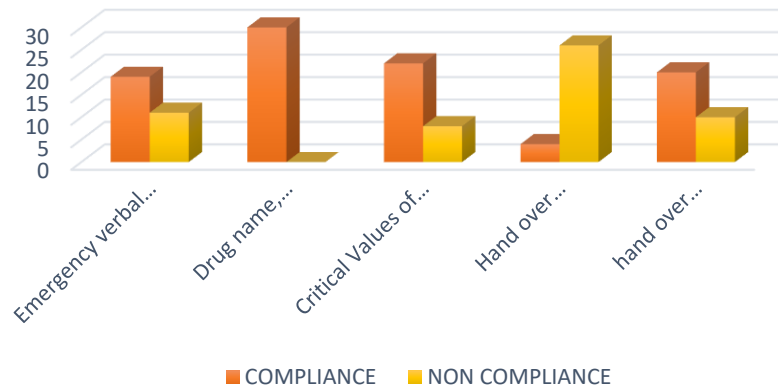


TABLE 9.2 EFFECTIVE COMMUNICATIONS:

Total- 30 Questionnaire

ACTIVITY	COMPLIANCE	NON-COMPLIANCE	% C	% NON-C	TOTAL %
Maintained & documented with name, date and time emergency verbal order	19	11	63.33	36.67	100
Frequency with Drug Strength name, Dosage, and concentration	30	-	100	-	100
Test reported to the doctor documented in critical callout register (laboratory/radiology) Critical Values	22	8	73.33	26.66	100
Hand over communications present in patient files	4	26	13.33	86.67	100
Hand over communication duly filled and signed by nurse with instructions	20	10	66.66	33.33	100
OVERALL PERCENTAGE			63.33	36.67	

EFFECTIVE COMMUNICATION



TOTAL

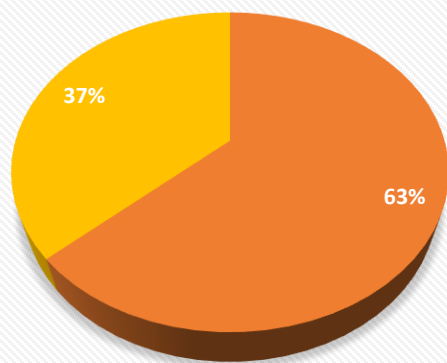
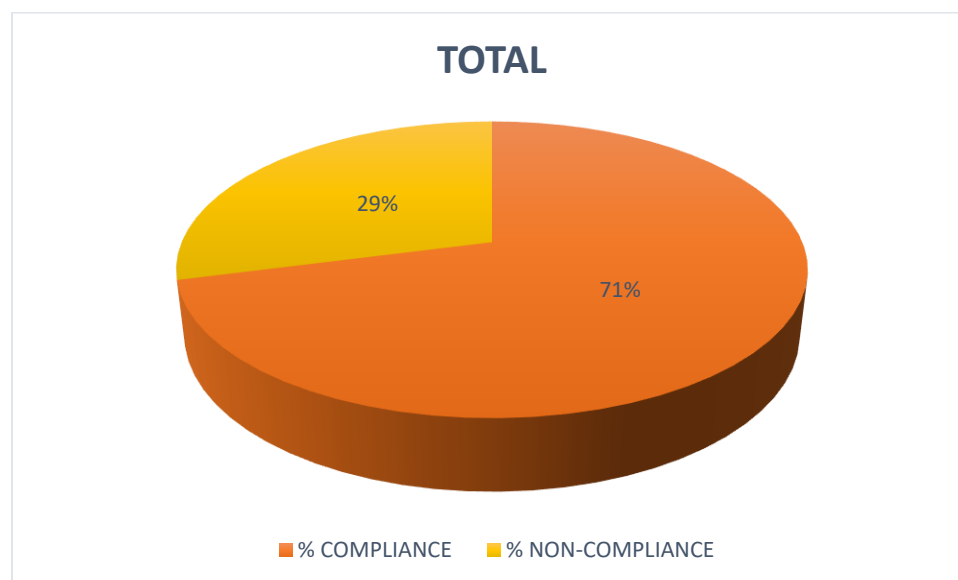
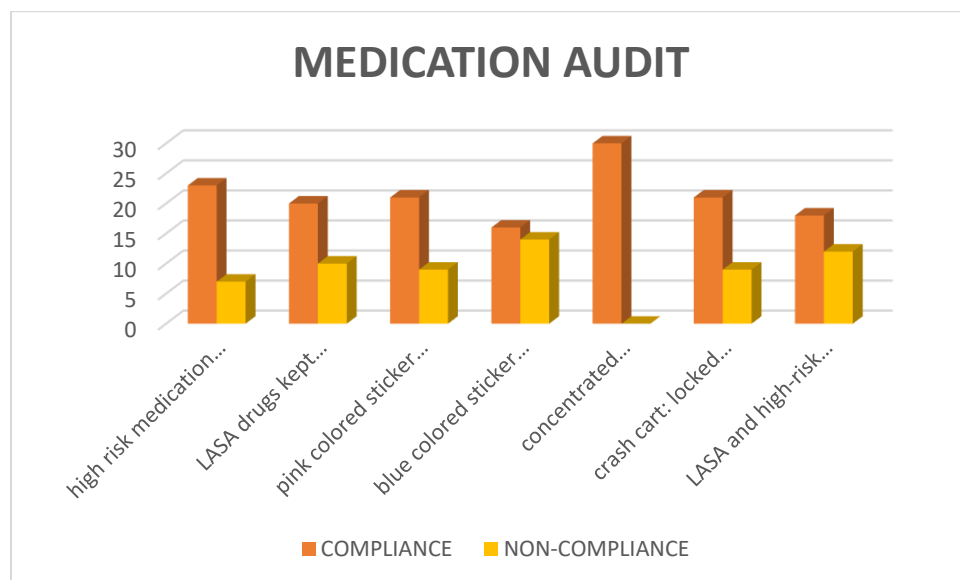


TABLE 9.3 IMPROVE SAFETY OF HIGH ALERT MEDICATION:

Total- 30 Questionnaire

OBSERVATION	COMPLIANCE	NON-COMPLIANCE	% C	% NON-C	TOTAL (%)
Listed area wise High-risk medication	23	7	76.67	23.33	100
LASA drugs kept are separately	20	10	66.67	33.33	100
Pink colored sticker on LASA	21	9	70	30	100
Blue colored sticker on sound alike medication	16	14	53.33	46.67	100
Concentrated electrolytes available in OT ICU and emergency	30	-	100	-	100
Crash cart is locked LASA and high-risk medication are stored separate	21	9	70	30	100
Storage for high risk and LASA medication are different or not	18	12	60	40	100
OVERALL PERCENTAGE			70.95%	29.05%	



LIMITATIONS:

- Cross-sectional study.
- Time is of the essence.
- Because it is observational, resistance cannot be identified after the study and for the specified term follow-up stud is required.

CONCLUSIONS:

- I. According to the findings, patient well-being was one of the most important places of value boundaries in the clinic because patients are the constant revenue producers of any emergency clinic, thus their care and security should be prioritized.
- II. According to the finding Non -Compliance of **patient Identification is 12%** as patient not transferred with ID band , Id bands check before Blood collection.
- III. According to the findings Effective Communication **Non- Compliance % is 37%** due to Handover in files and filled and signed by nurse with instructions.
- IV. 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.
- V. Depending on the respondents' responses on various aspects of patient security, it was discovered that adherence in the clinic is much better, with certain places performing exceptionally well while others do not. Isn't it the emergency clinic's responsibility to teach and polish its employees in terms of patient well-being

SUGGESTIONS:

- Effective Communication (Handover in files and filled and signed by nurse with instructions) can be improved 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 the 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 a blue color 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.
- Planning and update meetings for each representative to ensure that they are up to date on quality standards.
- Documentation should be reviewed on a regular basis, and the regarded group should be prepared in the same way.
- Staff should be educated on how the emergency clinic acquired contamination.
- Staff to be given proper training about IPSGs.

Appendices

Department

Date

Ward no

Questionnaire	Audit	Observation
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Patient Identification: -		
MRD number and Name of the Patient (Patient File)		
Two ID placed on the Patient ID band		
Before blood sample collection at Nursing station ID band checked		
Before administering the drugs ID band checked		
Identification applied to New Born		
Patient in (Emergency, executive health checkup, radiation oncology, bronchoscopy, minor OT, nuclear medicine)ID bands		
Communication: -		
Maintained & documented with name, date and time emergency verbal order		
The Frequency with Drug Strength name, Dosage, and concentration		
The test reported to the doctor documented in critical callout register (laboratory/radiology) Critical Values		
Hand over communications present in patient files		
Hand over communication duly filled and signed by nurse with instructions		
Medication: -		
Listed area wise High-risk medication		
LASA drugs kept are separately		
Pink colored sticker on LASA		
Blue colored sticker on sound-alike medication		
Concentrated electrolytes available in OT ICU and emergency		
The crash cart is locked LASA and high-risk medication are stored separately		

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