ASSESSMENT OF QUALITY AND SAFETY AUDIT PRACTICES IN INPATIENT AREAS TO ASSURE QUALITY PATIENT CARE: A STUDY AT SDMH, JAIPUR

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VISION

SDMH shall be an integrated quaternary healthcare hub for delivery of affordable quality medical care in an economically viable, regionally, nationally and internationally positioned institutional environment.

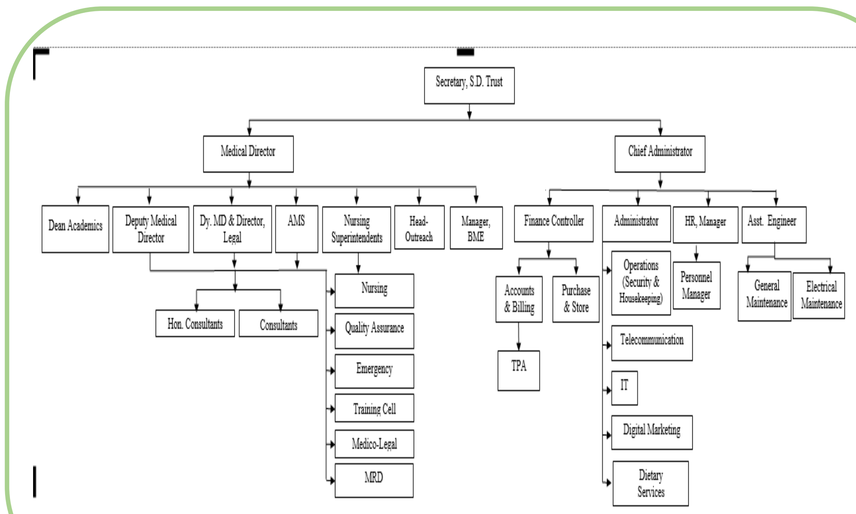
MISSION

SDMH is committed to providing high quality healthcare at the most affordable rates, ensuring that all sections of society regardless of caste, creed or color have access to compassionate care. We dedicate our energy and efforts to making this a reality, keeping the well-being of our patients as our highest priority.

BRIEF HISTORY AND DESCRIPTION

SDMH, Jaipur, was established in 1971 by Padma Shri Khail Shankar Durlabhji in memory of his mother, Santokba and was inaugurated by the then Prime Minister, Smt. Indira Gandhi. At the time the hospital was dedicated to armed forces as the country was engaged in war. SDMH is a private, trust-managed, autonomous, fee-for-service, not-for-profit hospital. With 525 beds, it offers multidisciplinary, tertiary care services. It houses several wards, operation theaters, ICUs, laboratories and utility services. Notably, it boasts one of the best blood banks in the country. SDMH has remained committed to affordable healthcare through philanthropic initiatives like Avedna Ashram, Rehabilitation and Limb Fitting Center, Project Prayatna and Little Heart to reduce human suffering.

ORGANISATION STRUCTURE



AIM

To evaluate compliance with clinical and safety protocols in wards, ICUs, and rooms through checklist-based audits to assure quality of patient care at SDMH, Jaipur.

OBJECTIVE

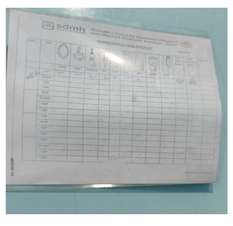
- To analyze compliance level of different clinical and safety parameters in different inpatient areas.
- To compare compliance levels of the standards of different areas (wards, rooms, ICUs)
- To highlight gaps in compliance that require specific quality improvement interventions.

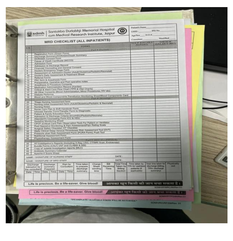
DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

THEORETICAL LEARNING	PRACTICAL LEARNING
• Learnt about how communication and ideal teamwork function in work settings.	• Faced challenges due to different and busy schedules of staff and stratification of staff that cause hindrance in teamwork and communication.
• Learnt about the NABH guidelines and SOPs that are to be followed in hospital.	• Observed some variations in implementation of NABH standards and guidelines in real life hospital settings.
• Familiarized with the tools and checklist that must be set up for the audit.	• Tools and Checklist must be adjusted and acquainted according to the real-life settings.
• Got an insight of patient care practices	• Observed real time patient care and staff management in situations.
• Learnt about the protocols and working of different departments in hospitals.	• Observed the real time complexities in ICUs, OPD, IPD, OT and wards and how staff with cooperated efforts managed it.

SUGGESTIONS

- Introduce a centralized and more digitalized mode of working and recording the data.
- Upgrade general facilities like canteen and washrooms services in the hospitals.
- Regular staff training and sensitization program, conducting wellness workshops and relaxation training to the staff.





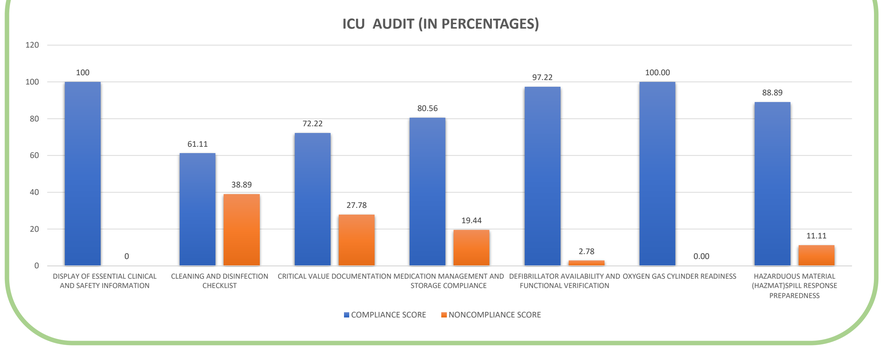
STUDY METHODOLOGY

Study Setting – Inpatient areas at SDMH, Jaipur
Study Type – Observational Study
Sampling Method
Sample size and Settings – 17 Wards, 7 Rooms and 9 ICUs in SDMH, Jaipur
Data collection tool- Standardized Audit Checklist based on NABH Guidelines with scoring system as 10 for compliant, 5 for partial compliance and 0 for non- compliance.
Data collection method – On- Site observational audits using the standardized ward audit checklist
Parameters observed- In standardized quality and safety audit checklist based on NABH guidelines there were 68 parameters to be evaluated. The 61 parameters were satisfactory compliant across the units and the following 7 criteria showed variability in compliance which had used for the study.

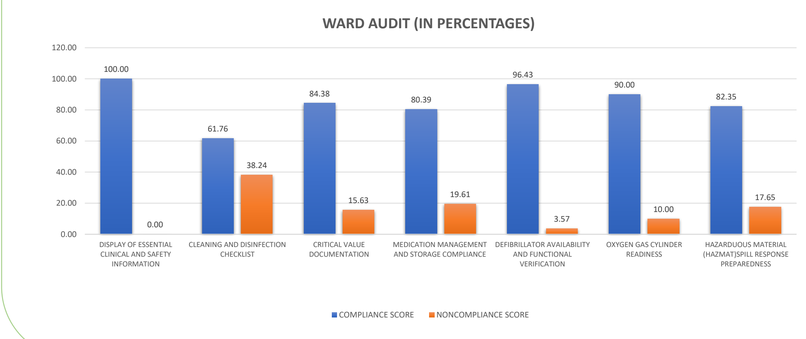
- Display of essential clinical and safety information
- Cleaning and Disinfection Checklist
- Critical Value Documentation
- Medication management and storage compliance
- Defibrillator availability and functional verification
- Oxygen Gas Cylinder Readiness
- Hazardous Material Spill (HAZMAT) Response Preparedness

FINDINGS

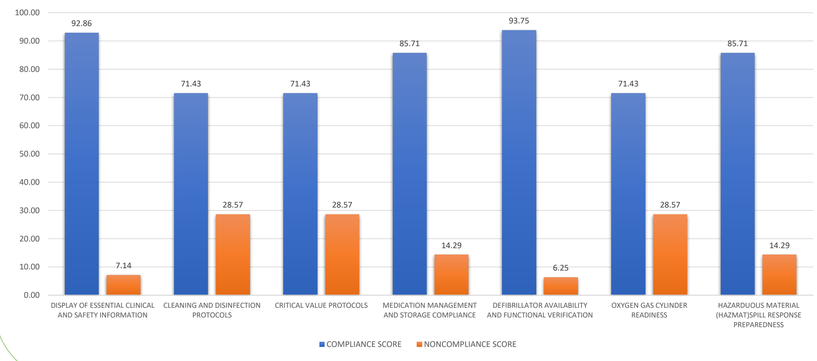
COMPLIANCE SCORE IN ICU



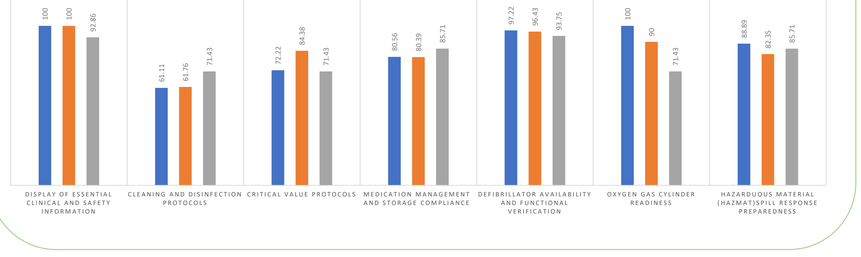
COMPLIANCE SCORE IN WARDS



COMPLIANCE SCORE IN ROOMS



COMPARISON OF COMPLIANCE SCORE IN ICU, WARDS, AND ROOMS



SWOT ANALYSIS

S STRENGTH

- Recognized Legacy and Reputation of hospital. First private hospital
- SDMH has trained nursing staff, aware of basic protocols and responsive to trainings.
- Good compliance in some clinical areas.
- Quality dietician and nutritionist maintaining records as per the protocols and standards.
- Regular Staff relaxation and informative programs and sessions.

W WEAKNESS

- Limited digitalization, more of paperwork
- Inconsistent Documentation.
- Irregular application of guidelines across different wards.
- Limited and insufficient feedback mechanism.
- Compromised application of critical values from laboratories.

O OPPORTUNITY

- Establishing proper and regular training schedule for the staff.
- Investing and Upgrading the use of digital records and AI technology.
- Aiming towards getting accreditations from more national and international boards like JCI.
- Improvising telemedicine services.
- Organized feedback and training post audits

T THREATS

- Resistance of some staff to change.
- Restricted interdepartmental coordination leading to quality gaps..
- More dependency on paper based audits and training.
- Migration of more enhanced and trained staff to corporate hospitals for better opportunities.

CHALLENGES FACED

- Insufficient exposure to OPD services and operations.
- Heavy workload on nurses in certain departments leads to less interaction with the staff and patients.
- Most of the tasks included the documentation and checklist-based audits, had less interaction with patients and other administrative staff, so had limited insight of real time patient satisfaction and service delivery sessions

LEARNING AND VALUE ADDITION

- Got familiarized with the quality standards that must be followed in hospitals, understanding NABH standards and their implementation.
- Gain an understanding about how to use compliance indicators, ward audit checklist, medical record checklist and medication use.
- Learned how interdepartmental co-ordination is done in providing efficient services to the patient.
- Got insight on how to develop communication with the staff to gather information and provide them with constructive feedback to correct their errors.

STUDY RESULTS

- ICUs and Wards showed 100% compliance in Display of essential clinical and safety information.
- Defibrillators were well maintained in all three units.
- Oxygen gas cylinder protocols are well maintained in ICUs and Wards than in rooms.
- The Medication management area was scored erratically, with better scores in ICUs and rooms than in Wards.
- The study brought to sight that domains like cleaning and disinfection protocols, critical value protocols and HAZMAT Spill Kit Preparedness require improvements.

CONCLUSION

The clinical Audit brought to sight that inpatient areas showed up high compliance with clinical and safety protocols but also brought to fore certain domains like cleaning and disinfection protocols, critical value protocols and HAZMAT Spill Kit Preparedness require attention and quality enhancement methods.