Summer Training at
Wockhardt Superspeciality Hospital, Nagpur
(April 3 to June 2, 2017)

To study Patient Safety Device Audit in IPD area at Wockhardt Superspeciality Hospital

By
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Under the guidance of
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MBA Hospital & Health Management
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Institute of Health Management Research
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2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Navin V. Kamble** has undergone summer training at **Wockhardt Superspeciality Hospital, Nagpur** from 3rd April to 2nd June 2017.

The candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish him success in all his future endeavors.

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WOCKHARDT HOSPITALS | LIFE WINS

June 05, 2017

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Navin V. Kamble** (Student of IIHMR University, Institute of Health Management Research, Jaipur) has successfully completed his Summer Training from **03/04/2017 to 02/06/2017**

He has done project on

1. Study on hazard identification and risk analysis at Wockhardt Heart Hospital
2. Time Motion Analysis at Wockhardt Heart Hospital
3. Study on patient safety device audit in IPD area at Wockhardt Superspecialty Hospital

During his aforesaid tenure, he has been found to be extremely honest, regular and sincere.

For **Wockhardt Hospitals Ltd.**,

Abhijeet Pagade
Dy. Manager-HR

Acknowledgement

Any idea is not revolutionary or feasible enough, if it's not supported, improvised or trimmed enough before its implementation. A single page is not sufficient enough to thank all those people who helped me during the summer training, but a few important contributors do worth a mention.

I feel deeply privileged in expressing our deep sense of gratitude to Dr. Anupam Verma (President), Dr. Clive Fernandes' (Clinical Director), Dr. Sujatha.K (Centre Head, Nagpur) Wockhardt Group of Hospitals, for their expert guidance and encouragements which helped in the process of making this report. Without their support exploring such a vast organization could not have been possible.

An Endeavour over a period can be successful only with the advice and support of a mentor. I would like to express my sincere thanks to Dr. Rajesh Gade, and Dr Vikas Choudhari, Head of Quality Department, for mentoring me in decision making with positive and supportive attitude and for the continuous encouragement. I choose this moment to acknowledge his contribution.

I would extend my sincere gratitude towards Dr. Ashok Kaushik, Dean (Academic &students affairs), IIHMR University, Jaipur and my mentor Dr.Susmit Jain, Assistant professor, IIHMR University, Jaipur for their time and efforts which helped me to conduct my study. I owe a debt of gratitude to all my teachers for grooming me and my colleagues for the inspiration needed to work with dedication and motivation.

Last but not the least, I would like to thank all my batch mates of MBA-HM 2016-18 for being there through thick and thin and making this summer training a great learning & memorable experience.

Dr. Navin kamble

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Observational learning

Introduction

Dr. Habil Khorakiwala who represents Founder Chairman and Group CEO founded Wockhardt in the year of 1967. Wockhardt Group extends and excels today as India's leading research-based global healthcare enterprise with relevance in the field of Super Specialty Hospitals. Pharmaceuticals, Active Pharmaceutical Ingredients (API) and Biotechnology.

Wockhardt Ltd is fifth largest Pharmaceutical and Healthcare company in india. Wockhardt ltd, is present in across twenty countries in the world and planning to grow more.

Wockhardt Hospitals became a leading health care service provider which is strongly present in the western parts of India specifically in Nagpur, Mumbai, Nasik, Surat & Rajkot. This chain of nine hospitals intended to satisfiy the need of the community in its chosen and provided areas like nephrology, Cardio-medicine, Orthopaedics, Gastro-enterology, etc.

They ensure process driven and evidence based quality services that stick to international standards of clinical care. Along with multi-disciplinary capabilities and fully equipped infrastructure and advance technology, they attempt to add to each patient's quality of life paying greatest respect to human dignity, confidentiality in a nurturing environment.

Many of the wockhardt chains of hospital are NABH accredited centres (National Accreditation Board of Hospitals & Healthcare). A

quality driven approach is needed to meet the standards of the hospital which begins from the patients entry into hospital upto exit and follow ups(registration, admission, pre-surgery & post-surgery protocols, discharge from the hospitals to follow ups after discharge).

They have entered strategic alliances with partners medical international, USA to pursue its vision of establishing state-of-the-art medical facilities in India along with a high degree of clinical excellence. Wockhardt also has access to Harvard's expertise and experience in the surgical and internal medicine field.

Their Partners medical International (a non-profit organisation) acts as a catalyst, they bring together healthcare professionals from all over the globe to improve the delivery of healthcare, education and implement vision of every global citizen to have access to quality healthcare within country.

Today, with selective collaborations of Harvard Medical International with medical communities, Wockhardt group of hospitals is also one of them.

In India, Wockhardt has become preferred destination for patients from Africa, USA, Europe, South Asia and Middle East. The Healthcare Professionals are the ones who have adequate training and expertise from some of the best medical institutions of advanced countries.

1.1) Objectives

"Wockhardt Hospitals will strive with excellence to fulfil the needs of the community in its chosen field of medical treatment"

Because of their emphasis on high teamwork they bring together all the disciplines and skills from the many resources of their organization to serve our patients better and attempt to set the wockhardt care in a league of its own.

"To serve and enrich the quality of life of patients suffering from diseases, through the efficient deployment of technology and human expertise, in a caring and nurturing environment with the greatest respect for human dignity and life."

Mode of data collection – data is collected by observation

1.2) General Findings

WOCKHARDT_HEART_HOSPITAL, NAGPUR

Wockhardt Heart Hospital, Nagpur commenced in 2004. It has the privilege of being the first hospital in the city to do the Radial method of Angiography. With a full time, expert team of cardiologists and cardiosurgeons they provide world class cardiac services. 24x7 hours services of ICU provides quality care in cardiac emergencies. It has additional support of skilled and qualified nursing staff, fully equipped with advanced technology.

Provision of 50 beds, 2 Cardithoracic operation theatres, 1 cardiac catheterization lab and 1 dedicated cardiac ambulance, it gives round the clock Emergency Heart line services.

The Lab consists of

- the Philips Integris HM2000 with C-arm geometry
- HF generators
- High Resolution II/TV system
- Digital Imaging System
- CD recording system

It performs High resolution angiographies, angioplasties stenting procedures and other interventional vascular procedures.

It is the prefered accessible healthcare destination for patients in areas of Vidarbha region also from the neighboring states of Madhya Pradesh and Chhattisgarh.

Wockhardt Heart Hospital, Nagpur has:

1. 50 patient beds out of which 12 ICU and 7 SICU beds are there
2. Cardiac Ambulance and 24-Hour Emergency Heartline.
3. Cardiac Catheterization Lab
4. Interventional radiology system
5. DSA, stent boost and x-ray dose monitoring for enhanced image quality
6. IVUS and FFR facility helping in diagnosis of vessel blockage
7. Operation theatres maintained with a AHU system and laminar flow assembly

8. Both gas & electric driven assembly High-end OT table, anaesthesia machine, LED OT lights, Pacemaker, IABP machine
9. Back up of 7 bedded SICU with all necessities to manage cardiac surgery patients.

WOCKHARDT SUPERSPECIALITY HOSPITAL, NAGPUR

Wockhardt super speciality hospital, Nagpur was established in 2007 on the premise of twenty years of involvement in top of the line Super Specialty care, Wockhardt super speciality hospital, nagpur was set up as fitting image pof befitting the trust of the general population of central india, which has guaranteed that the officially exitent heart clinic at Nagpur crosses desires accordingly encouraging accreditation with NABH.

The people of central india would now be able to profit of super speciality medicinal care in the ranges of Neurology, Orthopedics, minimal access surgery and critical care, alongside the administrations in the fields of urology, nephrology, surgical oncology, Endocrinology, Gynecology, Pediatrics, Emergency care and preventive healthcare officially accessible in Nagpur.

Wockhardt super speciality Hospital, Nagpur is the prefered location for patients in zones, for example, vidarbha region (Akola, Amravati, etc) and neighboring states of Chhattisgarh and Madhya Pradesh.

Key Statistics - Situated in the heart of the city, Wockhardt Super Specialty Hospital, Nagpur is furnished with 118 beds, AHU system,

Laminar flow assembly, SICU, OT, complete Karl Storz Laparoscopy system, Carl Zeiss HD neuro, CUSA, Bipolar cauterization system.

It also has commited bipolar cauterization system, ortho surgical system, navigation system to have better quicker processes.

1.3 Floor directory – Floor wise department

Level 0	Physiotherapy Department Emergency Department
Level 1	Main Reception Outpatient Billing OPD No. 1 to 11 ECG/TMT/ECHO Radiology Department In patient billing TPA Desk Pharmacy Phlebotomy (sample collection)
Level 2	Cath lab Cardiac ICU OPD No. 12 to 23 EEG/EMG Administration Department IT Department
Level 3	Medical ICU Cafeteria Library Relative waiting lounge

Level 4	Laboratory Dialysis Bed No. 401 to 446 Medical Records Department Biomedical Department
Level 5	Bed No.501 to 532 CSSD Blood storage centre Play room Relative waiting lounge
Level 6	Operation theatre Surgical ICU Endoscopy Main Store

1.4 Core speciality in wockhardt hospitals are as follows-

- Wockhardt doctor's facilities includes cardiovascular techniques, cardiothoracic surgery methods, pediatric, emergency heart conditions and numerous more heart medical facilities and offerings.
- Paediatric orthopaedics, sports medicine, orthopaedics, TKR, THR, oncology, and so forth are carried out.
- Non-surgical neurological facilities like administration of headache, dementia, stroke and rehab, Parkinson's infection, Alzheimer's sickness, and so forth. Surgical procedures incorporate microsurgery for brain, spinal tumours, endoscopic cerebrum surgery, cerebrum surgery for epilepsy, spine injury, and so on.
- The surgery and gastroenterology department in wockhardt hospital provides assortment of symptomatic and restorative

therapies for all infections identified with gastrointestinal tract, liver and pancreas.

1.5 SCOPE OF SERVICES

- Bariatric Surgery
- Cardiovascular Thoracic Surgery
- Cardiology and Vascular Surgery
- Critical Care
- Emergency medicine
- ENT
- Gastroenterology
- General medicine
- Gynecology
- Kidney Transplantation
- Medical Oncology
- Minimal access surgery
- Nephrology
- Ophthalmology
- Orthopedics
- Pediatric Cardiac Surgery
- Plastic Surgery
- Psychiatry

Wockhardt hospital provides wide range of medical and clinical services which is important to satisfy the demand of the community.

PROJECT REPORT

A STUDY ON PATIENT SAFETY DEVICE AUDIT IN IPD AREA

Project Guide

Dr. Rajesh Gade
(HEAD OF QUALITY, NAGPUR)

PATIENT SAFETY DEVICE AUDIT IN IN PATIENT DEPARTMENT

INTRODUCTION

Patient safety is to prevent harm to the patient and provide safe and secure environment for patients. In health care system it emphasizes on reporting, analyzing and prevention errors that leads to adverse event.it helps in adopting innovative technologies, enhancing error reducing system and developing new economic incentives. Benefits of patient safety is to reduce average length of stay of patients, improvement of facilities, better patient care and patient delight.

PATIENT SAFETY DEVICE

Patient safety device ensures patient safety in the hospital and reduce fall risk. Patient safety devices according to NABH guidelines are call bells, grab bars, side rails, safety belts on

stretcher and wheelchair fire safety devices and special toilets for physically challenged.

Wheelchairs and stretchers help to transfer the patients and provide proper fit, comfortable both for patients and medical workers and most important protect the patients from fall. Side rail benefits transferring within the bed, provides the feeling of comfort, security and reduces the risk of patients falling. Call bell enables a patient who is confined to bed and has no other way of communicating with staff to alert a nurse of the need for any type of assistance, enables a patient who is able to get out of bed but for whom this may be hazardous, exhausting. Provides an increased sense of security. Grab bars designed to enable a person to maintain balance, lessen fatigue while standing or to grab in case of slip or fall. Special toilets provide service to the disabled patients. Fire extinguisher is an active fire protection device used to extinguish or control small fires, often in situation emergency.

3. RATIONALE

Patient safety device audit is an unbiased and objective view. It is mandatory for smooth operation flow and identifies risk, evaluates them and assist management improvement of internal controls. It ensures patients safety in hospitals, reduces the risk of patient fall a many hospitalized patients are at risk of falls and almost half those who fall suffer injury. It increases patient length of stay so it is very important for the hospital to keep check on those devices to prevent injury to the patients and provide enhanced patient care for even operation of hospitals.

4. REVIEW OF LITERATURE

Tolerant security and antagonistic occasion revealing is turning into a noteworthy issue in social insurance frameworks over the world. In the USA the distribution 1999 of the Institute of

Medicine's answer "To ERR IS HUMAN; Building a more secure wellbeing framework highlighted the danger of restorative care and the size of human blunder. Distribution of the report incited various authoritative and administrative activities worried about a governmentally subsidized patient security examine program. In Australia production of the quality in Australia social insurance think about in 1995 provoked wellbeing priests to set up a Taskforce on quality and in 1996 the National master consultative gathering on security and quality in Australia medicinal services was built up.

. A comparative example of occasion happened in UK, with the distribution of An association with a memory alongside plan for persistent security explore. An association with a memory highlighted the degree of patient mischance in the clinics in NHS. Consistently 400 individuals are harmed in unfriendly occasions emerging from absence of appropriate security gadget. a few evaluations have put the event of unfavorable occasions in NHS doctor's facilities alone as high as 850000 every year with a cost of $2billion a year in extra doctor's facility stays .There is likewise a cost to the country as far as lost acquiring limit .expenses of the two patients and staff regarding mental and physical misery are unquantifiable

The examination writing on tolerant security has been embraced, beyond what many would consider possible this was as per CRD rule for undertaking systemic survey. Applicable investigations are those in which quiet wellbeing falls some place on the nonstop from what have been called blunder and deviation, through unsafe circumstances and close misses to mishaps. Research examines that have explored the underlying foundations of individual or framework disappointment, recognition of blunder coordinate mediation intended to diminish mischances have been incorporated. Endeavors to enhance wellbeing require a comprehension of the association culture and working condition that impact safe direct. Along these lines explore contemplates

tending to this issue have likewise been incorporated. all kind of research have been viewed as, both quantitative and subjective to mirror the approach utilized as a part of patient wellbeing.

The inquiry have gone back ton1990, as this is the point at which an assemblage of research reporting the issue of absence of wellbeing gadget started to change. Key references before this date have been looked for from the National Patient Safety Foundation Bibliography.

It is perceived that patient wellbeing is identified with nature of care, in that security can be seen as a subset of value. However, exercises to quality, for example, review, quality confirmation, nonstop quality change and endeavors to present proof based practice, for example, clinical rule were outside the dispatch of this checking exercise, unless they have concentrated particularly on tolerant wellbeing issues.

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5. AIMS- continuous improvement for patient safety.

6. OBJECTIVES

- To study patient safety devices in Wockhardt hospital
- To identify risk factors due to improper management of devices Wockhardt hospital

7. METHODOLOGY

- Where- IN Patient Department of Wockhardt hospital
- When-1st may-15th may
- Observational study
  Respondents

A total of Nurses (12) and Housekeeping staff (6) interviewed

Methods of data collection

- Interview (asking the staff about operational aspects of the devices)
- Observation checklist (to check the availability and functionability of Bed rails, Patient Call bells, Toilet grab bar, Fire safety devices, Wheelchairs, Stretchers, Male /Female signage in toilets, Disabled patient toilets, Emergency call bell)

8. FINDINGS

This section discusses about the item-wise patient safety devices at every level of wockhardt hospital

DEVICE NAME	LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6	Total number of devices	Caliberation Date
Fire Extinguisher	3	5	8	6	8	7	5	42	present
Fire Alarm bell	2	5	3	5	7	4	3	29	present
									Working/ Not working
side rail and call bell	5		5	23	41	34	10	118	Working
									Preventive Maintenance
wheelchair	3	2	2	1	2	2	2	14	DONE
stretcher	3	1	1	1	1	1	1	8	DONE
Emergency call bell and grab bar	1		2	2	15	15	1	36	DONE

PATIENT SAFETY DEVICE AUDIT –FIRE SAFETY DEVICES

FIRE EXTINGUISHER

Table 1.2: Availability and Functional status of FIRE SAFETY DEVICES at wockhardt hospital

Table 1.2

AREA	TYPE OF DEVICE	DEVICE NAME	CALIBERATION		SIGNAGE
			DONE DATE	DUE DATE	
GROUND FLOOR	FIRE SAFETY DEVICE	FIRE EXTINGUISHER			
PHYSIOTHERAPY DEPARTMENT		1	26/3/17	26/3/18	ABSENT
STAIR CASE LEVEL		2	26/3/17	26/3/18	PRESENT
			23/3/17	22/3/18	PRESENT
LEVEL 1					
RADIOLOGY DEPARTMENT		1	26/3/17	26/3/18	ABSENT
STAIR CASE LEVEL LEFT SIDE		2	23/3/17	22/3/18	PRESENT
RIGHT SIDE		2	26/3/17	26/3/18	PRESENT
LEVEL 2					
CATH LAB		1	23/3/17	22/3/18	ABSENT
NEAR DENTAL EPARTMENT		1	23/3/17	22/3/18	ABSENT
NEAR OPD DEPARTMENT		1	23/3/17	22/3/18	ABSENT
IT DEPARTMENT		1	23/2/17	22/3/18	
STAIR CASE LEVEL LEFT SIDE		2	23/3/17	22/3/18	PRESENT
STAIR CASE		2	23/9/16	23/9/17	PRESENT

LEVEL RTGHT SIDE					
			23/3/17	22/3/18	PRESENT
LEVEL 3					
IN FRONT OF CAFETERIA		1	23/3/17	22/3/18	ABSENT
ICU NEAR NURSING STATION			23/3/17	22/3/18	ABSENT
LEFT SIDE		1	23/3/17	22/3/18	ABSENT
STAIR CASE LEFT SIDE		2	23/3/17	22/3/18	PRESENT
STAIR CASE RIGHT SIDE		2	23/3/17	22/3/18	PRESENT
LEVEL 4					
IN FRONT OF NURSING STATION RIGHT SIDE AND LEFT SIDE			23/3/17	22/3/18	ABSENT
DIALYSIS IN CORRIDOR		2	4/3/2016	4/3/2017	ABSENT
			26/3/17	26/3/18	ABSENT
STAIR CASE RIGHT SIDE		2	23/3/17	22/3/18	PRESENT
STAIR CASE LEFT SIDE		2	23/9/17	22/9/18	PRESENT
LEVEL 5					

IN FRONT OF NURSING STATION RIGHT SIDE AND LEFT SIDE			23/3/17	22/3/18	ABSENT
			26/3/17	26/3/18	ABSENT
CSSD DEPARTMENT		1	23/3/17	22/3/18	ABSENT
STAIR CASE LEFT SIDE		2	23/3/17	22/3/18	PRESENT
STAIR CASE RIGHT SIDE		2	26/3/17	26/3/18	PRESENT
LEVEL 6					
STAIR CASE LEFT SIDE		3	23/3/17	22/3/18	PRESENT
STAIR CASE RIGHT SIDE		2	26/3/17	26/3/18	PRESENT

1. Fire extinguisher was present at every level as per the requirement however on some level proper signage was missing

2. Proper signage is not present in physiotherapy department, CATH lab ,near Dental department ,near ,on OPD 4th and 5th level near nursing station ,in CSSD department, near dialysis department,

3. Calibration date has expired of device kept on 4th level near dialysis unit.

4 Housekeeping staffs, security guards and nurses are aware and well-trained of the working of fire extinguisher,

FIRE ALARM BELL

Table 1.2: Availability and functional status of fire alarm bell

Table 1.2

AREA	TYPE OF DEVICE	DEVICE NAME
GROUND FLOOR	FIRE SAFETY DEVICE	FIRE ALARM BELL
IN FRONT OF EMERGENCY ROOM		1
LIFT AREA		1
LEVEL 1		
LIFT AREA		1
RECEPTION AREA		1
OPD AREA		1
RADIOLOGY DEPARTMENT		1
X-RAY ROOM		1
LEVEL 2		
LIFT AREA		1
OPD AREA		1
NEAR ADMINISTRATIVE DEPARTMENT DOOR		1
LEVEL 3		1
LIFT AREA		1
IN FRONT OF CAFETERIA		1
ICU		2
LEVEL 4		
LIFT AREA		1

NURSING STATION		1
LEFT SIDE- NEAR SINGLE ROOM		1
RIGHT SIDE -NEAR BIOMEDICAL DEPARTMENT		1
IN FRONT OF MEDICAL RECORD ROOM		1
DIALYSIS CORRIDOR		2
LEVEL 5		
LIFT AREA		1
NURSING STATION		1
LEFT SIDE -NEAR SINGLE ROOM		1
RIGHT SIDE -IN FRONT OF DIRTY UTILITY ROOM		1
LEVEL 6		
LIFT AREA		1
IN FRONT OF SICU		1
IN SICU NEAR NURSING STATION		1

1. Housekeeping staff and nurses are aware of working of fire alarm bell.
2. Fire alarm bells are installed at proper places.

PATIENT SAFETY DEVICE AUDIT =BED SIDE RAIL AND CALL BELL

Table 1.3: Availability and functional status of patient bed side rail and call bell

Table 1.3:

AREA	BED NUMBER	DEVICE NAME		TYPE OF DEVICE
GROUND FLOOR		BED SIDE RAIL [working/not working]	CALL BELL [working/not working]	SAFETY DEVICE
CASUALTY WARD	1	WORKING	WORKING	
	2	WORKING	WORKING	
	3	WORKING	WORKING	
	4	WORKING	WORKING	
	5	WORKING	WORKING	
LEVEL 2				
CATH LAB DEPARTMENT	201	RIGHT SIDE SIDE RAIL NOT WORKING	WORKING	
	202	WORKING	WORKING	
	203	WORKING	WORKING	
	204	WORKING	WORKING	
	205	RIGHT SIDE SIDE RAIL NOT WORKING	WORKING	
	206	RIGHT SIDE SIDE RAIL NOT WORKING	WORKING	
LEVEL 3				
ICU	1	WORKING	WORKING	
	2	WORKING	WORKING	
	3	WORKING	WORKING	
	4	WORKING	WORKING	
	5	WORKING	WORKING	
	6	WORKING	WORKING	
	7	WORKING	WORKING	
	8	WORKING	WORKING	
	9	WORKING	WORKING	
	10	WORKING	WORKING	
	11	WORKING	WORKING	
	12	WORKING	WORKING	
	13	WORKING	WORKING	
	14	WORKING	WORKING	
	15	WORKING	WORKING	

	16	WORKING	WORKING	
	17	WORKING	WORKING	
	18	WORKING	WORKING	
	19	WORKING	WORKING	
	20	WORKING	WORKING	
	21	WORKING	WORKING	
	22	WORKING	WORKING	
	23	WORKING	WORKING	
LEVEL 4				
MULTI WARD	400	WORKING	WORKING	
	401	WORKING	WORKING	
	402	WORKING	WORKING	
	403	WORKING	WORKING	
	404	WORKING	WORKING	
	405	WORKING	WORKING	
	406	WORKING	WORKING	
	407	WORKING	WORKING	
	408	WORKING	WORKING	
	409	WORKING	WORKING	
	410	WORKING	WORKING	
	423	WORKING	WORKING	
	424	WORKING	WORKING	
	425	WORKING	WORKING	
	426	WORKING	WORKING	
	427	WORKING	WORKING	
	428	WORKING	WORKING	
	429	WORKING	WORKING	
	430	WORKING	WORKING	
	431	WORKING	WORKING	
	432	WORKING	WORKING	
	433	WORKING	WORKING	
TWIN ROOM	414	WORKING	WORKING	
	415	WORKING	WORKING	
	416	WORKING	WORKING	
	417	WORKING	WORKING	
	418	WORKING	WORKING	
	419	WORKING	WORKING	
SINGLE ROOM	413	WORKING	WORKING	
	412	WORKING	WORKING	
	420	WORKING	WORKING	
	421	WORKING	WORKING	

DELUXE ROOM	411	WORKING	WORKING	
	422	WORKING	WORKING	
DIALYSIS	1	WORKING	WORKING	
	2	RIGHT SIDE SIDE RAIL NOT WORKING	WORKING	
	3	WORKING	WORKING	
	4	WORKING	WORKING	
	5	WORKING	WORKING	
	6	WORKING	WORKING	
	7	WORKING	WORKING	
LEVEL 5				
MULTI WARD	500	WORKING	WORKING	
	501	WORKING	WORKING	
	502	WORKING	WORKING	
	503	WORKING	WORKING	
	504	WORKING	WORKING	
	505	WORKING	WORKING	
	506	WORKING	WORKING	
	507	WORKING	WORKING	
	508	WORKING	WORKING	
	509	WORKING	WORKING	
	510	WORKING	WORKING	
	523	WORKING	WORKING	
	524	WORKING	WORKING	
	525	WORKING	WORKING	
	526	WORKING	WORKING	
	527	WORKING	WORKING	
	528	WORKING	WORKING	
	529	WORKING	WORKING	
	530	WORKING	WORKING	
	531	WORKING	WORKING	
	532	WORKING	WORKING	
	533	WORKING	WORKING	
SINGLE ROOM	512	WORKING	WORKING	
	513	WORKING	WORKING	
	520	WORKING	WORKING	
	521	WORKING	WORKING	
DELUXE ROOM	511	WORKING	WORKING	
	522	WORKING	WORKING	

LEVEL 6				
SICU	1	WORKING	WORKING	
	2	WORKING	WORKING	
	3	WORKING	WORKING	
	4	WORKING	WORKING	
	5	WORKING	WORKING	
	6	WORKING	WORKING	
	7	WORKING	WORKING	
	8	WORKING	WORKING	
	9	WORKING	WORKING	
	10	WORKING	WORKING	

1. Bed side rail call bell are in proper working condition, however some side rail call bell need immediate maintenance
2. Side rail are not working of bed no. 201,205,206 in CATH lab department.
3. Side rail not working of bed no.1in dialysis unit.

PATIENT SAFETY DEVICE AUDIT-WHEELCHAIRS

Table 1.4: Availability and functional status of wheelchair at wockhardt hospital

Table 1.4:

AREA	TYPE OF DEVICE	NAME OF DEVICE	NUMBER OF WHEELCHAIRS	SEAT BELT PRESRENT'/NOT PRESENT	FOOT REST OK/NOT OK	HANDLE OK/NOT OK	WHEELS OK/ NOT OK	BRAKES OK/ NOT OK	PREVENTIVE MAITENANCE	
	AMBULATORY	WHEELCHAIR							DONE DATE	DUE DATE

	DEVICE									
CASUALTY WARD			2	PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
				NOT PRESENT	OK	OK	OK	NOT OK	7/3/2017	Apr-17
LEVEL 1			2	PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
				PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
LEVEL 2			1	PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
CATH LAB										
LEVEL 3										
ICU			1	PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
LEVEL 4			2	PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
				PRESENT	OK	OK	OK	OK	PREVENTIVE MAITENANCE DATE NOT PRESENT	
LEVEL 5			2	PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
				PRESENT	OK	OK	OK	OK	PREVENTIVE MAITENANCE DATE NOT PRESENT	
LEVEL 6			2	PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17
				PRESENT	OK	OK	OK	OK	7/3/2017	Apr-17

1. Wheelchairs are present at every level as per requirement; wheelchairs are in proper working condition

2. Brakes and seatbelt require maintenance of wheelchair in emergency ward.

3. Preventive maintenance is not done of wheelchairs on 4th and 5th level

4. Housekeeping staff are well trained for handling of wheelchair.

5. Marking is not proper on wheelchairs, difficult to distinguish wheelchair of different department.

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PATIENT SAFETY DEVICE AUDIT-STRETCHERS

Table 1.5: Availability and functional status of stretchers at wockhardt hospital

Table 1.5:

AREA	TYPE OF DEVICE	NAME OF DEVICE	NUMBER OF DEVICE	SEAT BELT OK/ NOT OK	BRAKE OK/ NOT OK	SIDE RAIL OK/ NOT OK	PREVENTIVE MAINTENANCE	
	AMBULATORY DEVICE	STRETCHER					DONE DATE	DUE DATE
CASUALTY WARD			3	NOT OK	OK	OK		
LEVEL 1			1	NOT OK	OK	OK		
LEVEL 2			1				NOT IN WORKING CONDITION	

LEVEL 3			1	NOT OK	OK	OK		
LEVEL 4			1	NOT OK	OK	OK		
LEVEL 5			1	NOT OK	OK	OK		
LEVEL 6			1	OK	OK	OK		

1. Stretchers are present at every level as per requirement, they are in proper working condition, however some require proper preventive maintenance
2. Seatbelts are not in proper condition
3. Stretcher in CATH LAB department is not in a working condition.
4. Marking is not proper on stretchers, difficult to distinguish stretchers of different department.

PATIENT SAFETY DEVICE AUDIT-TOILET CALL BELL AND GRAB BAR

Table 1.6: Availability and functional status of emergency call bell and grab bar at wockhardt hospital

Table 1.6:

AREA	TYPE OF DEVICE	NAME OF DEVICE	NUMBER OF DEVICE	CALL BELL PRESENT/NOT PRESENT	GRAB BAR PRESENT /NOT PRESENT
		TOILET CALL BELL AND GRAB			

		BAR			
CASUALTY WARD			1	NOT PRESENT	PRESENT
LEVEL 2 CATH LAB			1	PRESENT	PRESENT
LEVEL 3 ICU			2	PRESENT	PRESENT
LEVEL 4 MULTI BED					
LEFT SIDE			3	PRESENT	PRESENT
RIGHT SIDE			1	PRESENT BUT NOT WORKING	PRESENT
			1	PRESENT	PRESENT
			1	NOT PRESENT	PRESENT
LEVEL 5 MULTI BED					
LEFT SIDE			3	PRESENT	PRESENT
RIGHT SIDE			3	PRESENT	PRESENT
LEVEL 6					
SISU			1	PRESENT	PRESENT

1. call bell and grab bar are present at every level as per requirement of patient, they are in proper working condition however some require proper maintenance
2. Call bell is not present in emergency ward.
3. Call bell is present but not working on 4th level.
4. Nurses and housekeeping staff are very well aware of importance of toilet call bell and side bar.

10. REFERENCE

- http://.google.co.in/search?site=webhp&source=hp&q=literature
- http://scholar.google.co.in/scholar?um=1&ie=UTF-8&ir&q=related

- http://nabh.co/images/pdf/patientsafety.pdf
- http://nabh.co/images/PDF/SOPs/POLICIES_AND_PROCEDURES

PROJECT REPORT

A STUDY ON HAZARD IDENTIFICATION AND RISK ANALYSIS

Project Guide

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HAZARD IDENTIFICATION AND RISK ANALYSIS [HIRA]

INTRODUCTION

Hazard Identification and Risk Analysis [HIRA] is a collective term that includes all activities involved in identifying hazards and evaluating risk at facilities, to make certain that risks to employees, the patient or the environment are consistently controlled within the organization's risk tolerance.

It assists in finding what could possibly cause a major accident, and the consequences, and what options are there to prevent and mitigate the risk. It also assists in reducing the occurrence of incidents and near misses .it is a process of determining their probability, frequency and severity and evaluating the risk, including injuries and potential loses. A risk assessment that provides the factual basis for activities proposed in the strategy to reduce losses from identified hazards. Risk assessment must provide sufficient information to enable the authority to identify and prioritize appropriate mitigation actions to reduce losses from identified hazards.

3. RATIONALE

A core challenge faced by manager is how to prevent, prepare, mitigate, respond and recover from myriad of hazards, several questions arise when faced with this challenge:

- What hazards exit in my hospital?
- How frequently do they occur?
- How severe can their impact be on community, infrastructure, and property?
- Which hazards pose the greatest threat to the hospital?

A Hazard Identification and risk analysis assists managers in answering these questions; it is a systemic risk assessment tool that can be used to assess the risk of various hazards.

There are three reasons why HIRA is useful to the management profession:

- It helps management professionals prepare for the worst and/or most likely risks
- Allows for the creation of exercises, training programs, and plans based on the most likely scenarios.
- Saves time and resources by isolating hazards that cannot occur in the designated area.

4. REVIEW OF LITERATURE

. Crisis Management Ontario has arranged this report with the help of many key partners and logical specialists. The Ontario common HIRA gives chance evaluations to normal, mechanical and manmade risks as per the meaning of a crisis inside the Emergency Management and Civil Protection Act. This HIRA is a reference archive for application at the commonplace level, notwithstanding, the procedure portrayed in this can be received at service, city, group, or private division levels.

Thirty-nine perils are recorded in this report and examined under four fundamental heading; Definition, Description, commonplace hazard appraisal, and contextual analysis. An investigation of the danger of each peril for the territory is given at the hazard examination area. Dangers are interlinked and dynamic, subject to change with extraordinary outcomes, and may rise above commonplace and national limits. Thus, the HIRA report will be refreshed routinely when new data about perils that could affect Ontario winds up plainly accessible. Updates will be generally circulated crosswise over Ontario to help crisis administrators while checking on their HIRA archives. Inquiries concerning the substance of this common Hazard Identification and Risk Assessment report might be coordinated to Patricia Martel. Danger Identification and Risk Assessment at 416-314-8623 or Patricia.Martel @ontario.ca.

5. AIM- minimization, avoidance and removal of hazards in wockhardt hospital

6. OBJECTIVES-

- To study the potential hazards against the SOPs provided
- To identify actual and potential risk associated with Wockhardt Hospital staff.

6. METHODOLOGY

- Study Design-Descriptive exploratory
- Study Area-Wockhardt Heart Hospital
- Study Duration-15 May-1 June
- Sample Size-4 sample were collected from SICU

  3 samples were collected from CICU

  3 from IT department,9 from level 1

  2 from level 2

  1 from level 3

  6 from level 4

  3 from level 5

  2 from ICU,

  1 from maintenance room and 1 from parking area.

Total 30 samples were collected from wockhardt Heart Hospital

- Method Of Sample Collection-samples were collected by observational method.

LIKELIHOOD TABLE

Rating	Category	Description
5	CERTAIN	expected to occur again immediately or within short period
4	ALMOST CERTAIN	will probably occur at least once in next 3-12 month
3	LIKELY	is expected to occur within next 1-2years
2	UNLIKELY	event may occur at some time in the next 2-5 years
1	HIGHLY UNLIKEL	may occur in 5+year

CONSEQUENCES TABLE

CONSEQUENCES	FINANCIAL	PROPERTYDAMAGE	INTER SERVICE	PEOPLE	RATING
CATASTROPIC	>1,50,000	>1 MONTH	Extensive damage	Death, major permanent disability	5
MAJOR	50,000-1,50,000	1week to 1month	Significant damage	Extensive injury	4
MODERATE	10,000-50,000	1day to 1week	Localize damage	Medical treatment unrelated to natural course of illness	3
MINOR	1000-10000	1hr to 1day	Minimal damage	First aid may require	2
MINIMAL	<1000	<1hr	No damage	No injury	1

SAC-SEVERITY ASSESSMENT CODE

SAC SCORE=Consequences ×likelihood

SAC SCORE

	Catastrophic	Major	Moderate	Minor	Minimal
Certain		20	15	10	5
Almost Certain	20	16	12	8	4
Likely	15	12	9	6	3
Unlikely	10	8	6	4	2
Highly Unlikely	5	4	3	2	1

SAC RATING SCALE

25-20	EXTREME
12-16	HIGH
5-10	MODERATE
1-4	LOW

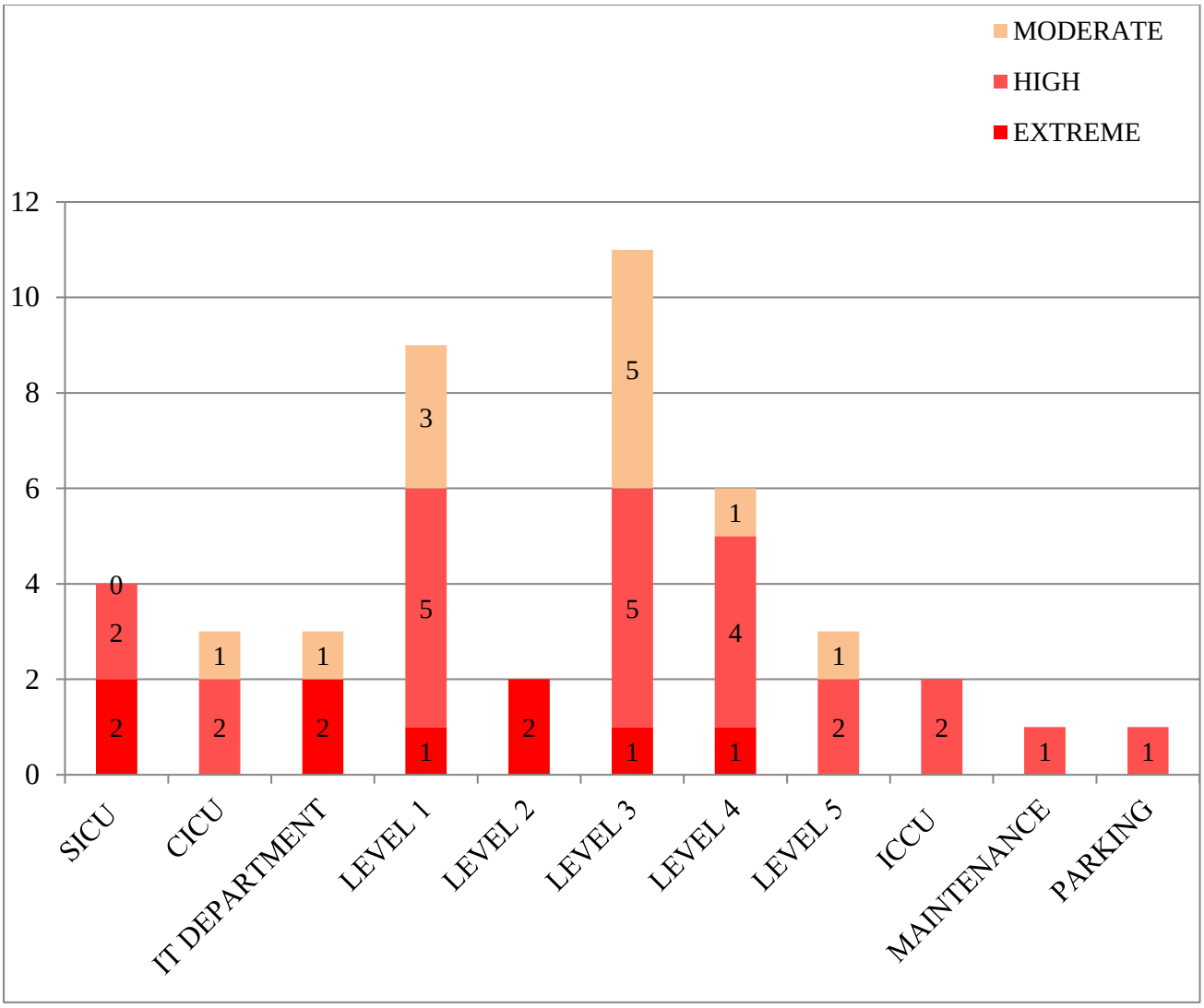
8. FINDINGS-Hazards were identified at every level of wockhardt heart hospital and those hazards were categorized and rated as per the SOPs of wockhardt hospital

Table 1: Hazards observed by their risk categories in Wockhardt hospital

HAZARDS
There is no zebra glowing signage on stair case
Door of lift 2 is not locked on 2nd and 6th floor
There is no dirty utility room on 2nd ,3rd and 4th floor
Leakage of water from air conditioner in IT department
Emergency entrance is not properly guided on level 1
No signage of FIRE EXIT in SICU department
Leakage of water at SICU entrance door

HAZARDS
Diesel tank and diesel generator are kept at the height
Two wheelers vehicle parking is not checked by security guard
Pathology department staff doesn't know proper way of waste disposal and cleaning
Monitor wire hanging in ICCU department
Guard is not present all the time in CICU department
Fire extinguisher is kept on the floor in Pharmacy, SICU, CICU ICCU department
ABG machine doesn't have calibration date in SICU department
Many medicines bottles are kept on the shelf
Kitchen is very close to patients bed and nursing station

HAZARDS
ECG machine and drug trolley are kept in corridor on 3rd and 4th level
Garbage bins are kept in front of UPS board
Switch of ECG machine kept in corridor on 3rd and 4th level is always ON
ECG machine is kept on drug trolley on 3rd and 4th level
Printer is kept on hemodialysis machine in Pathology lab department
Fire extinguisher do not have calibration date in IT, Pharmacy, CICU department and on 3rd level
Distilled water bottle kept close to CPU and wires



9. SUGGESTIONS

- Zebra glowing sign should be pasted on stair case.
- Door of lift 2 should be kept locked on 2nd and 6th floor when not in use.
- There should be dirty utility room on 2nd, 3rd and 4th floor.
- Only authorized person and patients should be given entry through emergency entrance.

- Proper signage of FIRE EXIT should be hanged wherever required
- Diesel tank and Diesel generator should be on the ground floor.
- Parking ticket or card should be given to two wheelers vehicle, vehicle entry should be given only to patient's relative and hospital staff.
- Kitchen should be away from patient's ward.
- Regular checking of equipment and every equipment should have calibration date on it.
- Continuous training of waste disposal and cleaning should be given to housekeeping staff and nurses.

10. REFERENCES

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- http://books.google.co.in/books?id=39e_e6nluyc&pg=pa68&ipg
- https://www.emergencymanagementontario.ca/sites/defult/files/content
- SOPs of wockhardt hospitals, Nagpur