PATIENT SAFETY DEVICE AUDIT IN IN-PATIENT DEPARTMENT

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 extin-

AIM- continuous improvement for patient safety.

OBJECTIVES-

To study patient safety devices in Wockhardt Hospital, NAGPUR

METHODOLOGY

Location-IN Patient Department of Wockhardt Hospital

Duration-1st -15th May

Observational study

Respondents

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

Methods of data collection

Interview (asking the staff about operational aspects of the devices)

Observation checklist (to check the availability and function ability of Bed rails, Patient Call bells, Toilet grab bar, Fire safety devices, Wheelchairs, Stretchers, Male /Female signage in toilets, Disabled patient

Availability of Patient safety devices by level

Device Name	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Total Number of Device	Preventive Maintenance
Wheelchair	3	2	2	1	2	2	2	14	Done
Stretcher	3	1	1	1	1	1	1	8	Done
Emergency call and Grab bar	1		2	15	15	15	1	36	Done
									Working/Not Working
Side Rail and Call bell	5		5	23	41	34	10	118	Working
									Calibration Date
Fire extinguisher	3	5	8	6	8	7	5	42	Present
Fire Alarm Bell	2	5	3	5	7	4	3	29	Present

FINDINGS

- Fire extinguisher was present at every level as per the requirement however on some level proper signage was missing
- 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,
- Calibration date has expired of device kept on 4th level near dialysis unit.
- Housekeeping staffs, security guards and nurses are aware and well-trained of the working of fire extinguish er,
- Housekeeping staff and nurses are aware of working of fire alarm bell.
- Fire alarm bells are installed at proper places.
- Wheelchairs are present at every level as per requirement; wheelchairs are in proper working condition
- Brakes and seatbelt require maintenance of wheelchair in emergency ward.
- Preventive maintenance is not done of wheelchairs on 4th and 5th level
- Housekeeping staff are well trained for handling of wheelchair.
- Marking is not proper on wheelchairs, difficult to distinguish wheelchair of different department.
- Stretchers are present at every level as per requirement ,they are in proper working condition, however some require proper preventive maintenance.
- Seatbelts are not in proper condition.
- Stretcher in CATH LAB department is not in a working condition.
- Marking is not proper on stretchers, difficult to distinguish stretchers of different department.
- call bell and grab bar are present at every level as per requirement of patient, they are in proper working condition how-

SUGGESTIONS

1.Proper signage at visible height should be placed near fire extinguisher.

2.Calibration date should be checked at regular interval.

1. Side rail should be fixed.

2. Inspection of side rail and call bell should be done at regular interval

1. Preventive maintenance should be done at regular interval.

2. Proper marking or color coding should be done to identify wheelchairs of different department.

1. Preventive maintenance should be done at regular interval.

2. Proper marking or color coding should be to distinguish stretchers of different department.

1.Call bells should be installed at every patient's toilets.

2.Need continuous training to the patient about the importance of using call bell and side bar while using toilets

. Guided by: - Dr. Nutan Jain

HAZARD IDENTIFICATION AND RISK ANALYSIS

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.

AIM- minimization, avoidance and removal of hazards in Wockhardt Hospital

OBJECTIVES-To study the potential hazards against the SOPs provided

To identify actual and potential risk associated with Wockhardt Hospital staff

METHODOLOGY

STEP 1:Review the SOPs related to the hazards

STEP 2: Development of checklist

STEP3: Data collection

STEP 4: Compilation of data

STEP 5: Data analysis

LIKELIHOOD TABLE

CONSEQUENCES	FINANCIAL	PROPERTYDAMAGE	INTERSERVICE	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= Likelihood x Consequences

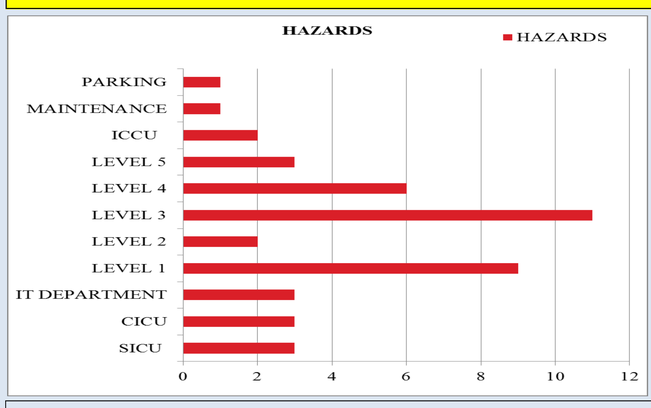
20-25	EXTREME
12-16	HIGH
5-10	MODERATE
1-4	LOW

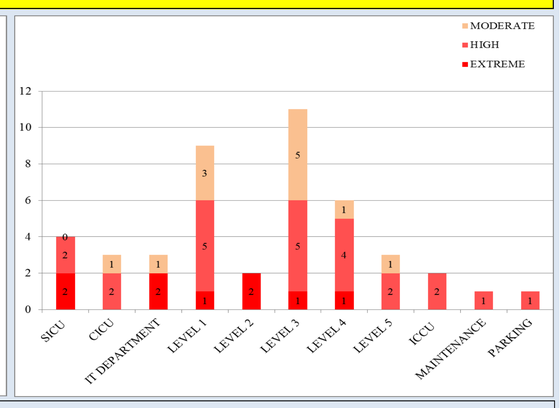
FINDINGS

EXTREME 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

HIGH 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

MODERATE 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





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.

Presented by: - Dr, Navin Kamble - 0450

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