

Summer Training:-

BHAGWAN MAHAVEER CANCER HOSPITAL AND RESEARCH CENTRE

Project On:

➤ **Gap Analysis of Patient Safety Indicator as per IPSC Goals.**

By:

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Under the guidance of

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MBA in Hospital and Health Management

2014-2016



Institute of Health Management Research, Jaipur

**INSTITUTE OF HEALTH
MANAGEMENT RESEARCH**

2000 Collaborating Centre for District Health System Based on Primary Health Care

IIHMR UNIVERSITY

CERTIFICATE

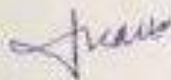
This is to certify that **Priya Jain** has undergone her Summer Training **BHAGWAN
MAHAVEER CANCER HOSPITAL AND RESEARCH CENTRE** from 7th April 2015
to 7 June 2015 and has done project on-

"GAP ANALYSIS ON PATIENT SAFETY INDICATORS AS PER IPSC"

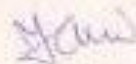
The candidate herself carried out all the studies related to her Summer Training. Her
approach to the study has been scientific and analytical.

The summer training is in partial fulfillment of the course requirement recommended for the
award of Master of Business Administration-Hospital & Health Management.

I wish her success in all her future endeavours.



Col. (Dr.) Ashok Kaushik,
Dean (Academic and Student Affairs)
IIHMR University, Jaipur



Prof. NUTAN JAIN
Professor
IIHMR University, Jaipur



Bhagwan Mahaveer
Cancer Hospital & Research Centre
(Managed By K.G. Kothari Memorial Trust)

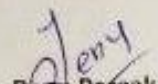
Date: 29th July, 2015

TO WHOM SO EVER IT MAY CONCERN

This is to verify that **Dr. Prerna Jain** completed her summer training at Bhagwan Mahaveer Cancer Hospital & Research Center from 7th April, 2015 to 7th June, 2015. Her topic was "Gap Analysis of Patient Safety Indicators as per IPSCG"

During this tenure she found dedicated & sincere. We wish her all the best in her future.

For BMCHRC, Jaipur


Renu Pareek
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Acknowledgement

I would like to express my gratitude to all those who gave me the opportunity to complete this study. I want to thank the Department of Quality and Department of Operations for giving me permission to commence the study in first instance to do the necessary research work and to use the departmental data. I further thanks to the Chairman of organization Mr. Navrattan Kothatri, who gave the permission and encouraged me to go ahead with my studies. I am bound to all the staff of Bhagwan Mahaveer Cancer Hospital who helped me in completing my studies with their support.

Finally I would like to devote my thanks to my respected mentor Mrs. Nootan Jain for her unconditional support and guidance throughout the project, without which this work would not have materialised.

Date-10 APRIL' 15

Place – Jaipur

Dr. Prerna Jain

About BMCHRC



Name of The Hospital	BHAGWAAN MAHAVEER CANCER HOSPITAL & RESEARCH CENTRE (BMCHRC)
Feature	Private Hospital
Address	BMCHRC, Jawahar Lal Nehru Marg, Malviya Nagar, Jaipur – 302017
Phone No	0141-2700107, 2702120, 2702106
Room Type	General Ward, A/C Rooms, Deluxe, Semi-Private and Super Deluxe.
Services	Laboratory Facility, Ambulance Service, 24 Hours Care, 24/7 Pharmacy



Bhagwan Mahaveer
Cancer Hospital & Research Centre
 (Managed By K.G. Kothari Memorial Trust)

Organisation Profile

Bhagwan Mahaveer Cancer Hospital and Research Centre, Jaipur (BMCHRC) came into existence in the year 1997 with initial bed strength of 50 beds as a beginning. At present with the construction of separate 9 floor IPD block (Phep Kanwar Kothari Memorial IPD), the bed strength has been further raised to 200 within no time in the interest of patient care being imparted here and have consistently achieved significant progress.

Vision

To make Bhagwan Mahaveer Cancer Hospital and Research Centre (BMCHRC) comprehensive world class Cancer treatment centre with cutting edge technology.

Mission

To control & eliminate the problem of Cancer & to alleviate the suffering of cancer patients in the Country.

Quality Assurance Department

Focuses broadly on the four core principles for quality assurance in the institution. They are as follows:

1. Patient (customer)
2. Hospital delivery systems (systems and processes)
3. Analysis and problem identification (performance measurement)
4. Team work

Quality Policy

BMCHRC provides total health care to its patients, with the highest levels of skill, professionalism and ethical practice, leading to their effective care and treatment at affordable costs. BMCHRC is committed to Continued Quality Improvement.

Quality department brings forward the innovative ideas for the patient safety & quality services, feasibility study, planning, implementing & control process.

Facilities

1 Diagnostic Service

2 Radio Diagnosis Department

- 16 SLICE CT Scan (With Latest Technology)
- Mammography (To Diagnose breast Cancer)
- Color Doppler - 3
- Digital X-ray – 1
- OPG
- Colposcopy

3 Pathology Department

- Hematology
- Biochemistry
- Cytology
- Histopathology
- Microbiology
- Serum Marker Studies
- IHC Marker
- Clinical Pathology

4 Treatment Facilities

- Radiation Oncology Department
- Two Linear Accelerators (First in Rajasthan with technology of Rapid Arc, IGRT, IMRT and 3DCRT)
- Breakey therapy
- Cobalt

5. Nuclear Medicine Department

- PET CT 16 SLICE (First in Rajasthan)
- Gamma Camera (For Bone Scanning)
- Radio Iodine Therapy (First & Only in Rajasthan only for Thyroid Cancer Patients)

6. Medical Oncology Department

- Day Care Ward (40 Bedded for Chemotherapy Patients)
- MICU

7. Surgical Oncology Department

- Operation Theatres
- 1 Integrated OT
- 3 Modular OT's
- 2 Other OT's
- 1 Endoscopy Theatre
- 14 bedded I.C.U

8. Department of Anesthesia & Palliative Care

- Home Care Facility provide by Palliative care to terminally ill patients

9. Blood Bank

- 24 hour available (all fractions of Blood)

10. Clinical Research Department

11. Pharmacy

- 24 hour available & Medicine are available at reasonable rates

12. Preventive Oncology

- Mobile Unit - available for rural areas
- Nursing College (MSc, BSc & GNM Courses)
- Nursing Hostel
- Supportive facility
- Dietary Facilities
- Physiotherapy Facilities
- Newly Constructed IPD Block (9 story 200 Bedded)

Floor wise Facilities Arrangements-

1. Basement (old Wing)

- Pathology
- Blood bank

2. Basement (New Wing)

- CSSD
- Laundry
- Maintenance (Biomedical/ Electric etc..)
- Medical gases
- Housekeeping

3. Ground floor

Clinical-

- Nuclear medicine
- Radiation Oncology
- Day Care
- Dental Dept

Non Clinical

- Reception
- Trust Office & Liaison Office
- PRO Office
- IPD Billing

- EPABX
- Canteen/ Cafeteria

4. Outside Area

- Pharmacy
- Bhojnalya
- Parking
- Bank

5. 1st Floor (Old Wing)

- OPD (Medical/ Surgical)
- Radiology
- Internal Medicine
- Cancer Care
- Administration
- OPD Registration & OPD Billing
- Medical ICU
- Endoscopy
- OT
- PAC
- Emergency
- BPL Counter

6. 1st Floor (New Wing)

- Gynecology
- Physiotherapy
- Ward
- New Cancer Care
- Emergency
- MCU
- Palliative care

7. 2nd Floor-

- New OT Complex
- Surgical ICU
- Ward II
- Pediatric Ward
- Patient Waiting Area

8. 3rd Floor-

- Ward III (For General / BPL Patients)
- Deputy Nursing Superintendent

9. 4th Floor

- Ward 4
- Discharge Section

10. 5th Floor

- Department of Clinical Trials & Research
- Hospital Library
- HR
- Accounts
- Purchase
- MIS

11. 6th Floor

- Semi Private Ward
- Super Deluxe Ward

12. 7th Floor

- Deluxe Ward
- Super Deluxe Ward

13. A Block

- Residential Block

Specialties

1. Medical Oncology

The department of Medical Oncology is engaged in active treatment of patients suffering from acute lymphoblast leukemia, acute myeloid leukemia, Hodgkin and Non-Hodgkin lymphoma, multiple myeloma, breast cancer, lung cancer, ovarian cancer, colorectal cancer, hepato-biliary and pancreatic cancer, esophageal cancer, prostatic, urinary bladder, and kidney cancer.

The department, in collaboration with radiation oncology, is engaged in concurrent chemo radiation of head and neck cancer, cervix cancer, lung cancer etc.

The Medical oncology department is also engaged in the treatment of hematological disorders such as myelodysplasia, aplastic anemia etc. With the establishment of state-of-the-art blood bank facilities we are soon going to start

high-dose chemotherapy with autologous bone marrow transplantation in cases of leukemia, lymphoma, myeloma and solid tumors with poor prognosis.

Scope of Services-

- Now patients are being given chemotherapy in day case which is convenient to the patient. Our day care centre has 40 beds and is open from 9.00 am till 9.00 p.m.

The day care concept has been encouragingly welcomed by the patients as they are obviously benefitted as below:

- More convenient, as patients can return home the same day. It is less stressful particularly for children.
- Perception of being sick is reduced.
- Separate Pediatric oncology department.
- Clinical trial facilities – Phase I, Phase II, Phase III studies are being conducted.
- Isolation ward for neutropenia patients.
- Emergency services are available round the clock.

2. Internal Medicine

The Department of Medicine provides a broad range of **services** for patients at the BMCHRC. The department meets the needs of –

- Patients with acute complications including infections, pulmonary complications, cardiovascular disease and metabolic disorders.
- Inpatient consultation service for management of medical illnesses of patients undergoing surgery, radiotherapy and chemotherapy.
- Complex surgical patients too are attended at our clinic where potential medical risk factors for surgery can be identified and their risk for surgery is estimated.
- Outpatient consultations are also provided to patients who have medical illnesses such as diabetes or heart disease that require specialized management during their course of cancer treatment.
- Referral consultations to the intensive care unit and to the step down units.

On an average 15000 consultations are carried out annually by the department.

The department of medicine conducts the following specialty clinics:

1. **Cancer thrombosis clinic:** All deep vein thrombosis and pulmonary embolism patients are registered, worked up, treated and followed up.

2. **Cardiomyopathy Clinic:** Patients diagnosed with cardiac dysfunction following chemotherapy and radiotherapy is registered and are offered long term treatment.

The medicine department offers following services:

1. **Echocardiography:** A state of the art 3-D echocardiography machine is available for transthoracic, Trans esophageal echocardiography. Annually about 5000 echocardiography's are carried out. In addition it has a portable unit to conduct emergency bedside 2D echo in the intensive care unit.
2. **Pulmonary Function testing laboratory:** On an average about 2000 PFTs are carried out annually .The main patient load being pre and post op Lung cancer patients, follow up of patients who have received Bleomycin, breast cancer patients receiving radiotherapy
3. **Electrocardiography:** About 16,000 ECGs are carried out each year.

3. Surgical oncology

Department of surgical oncology became functional from November 1998. The department has a team of well qualified, experienced surgical oncologists. Operation Theatre staff is well trained and experienced to assist all types of major & supra major surgeries.

Operation Theatre complex consists of four ultramodern and sophisticated seamless modular theatres developed by Karl Storz Germany, first of its kind in Rajasthan.

Centre specializes in:-

- ❖ Head and Neck Oncology
- ❖ Breast Oncology
- ❖ Thoracic Oncology
- ❖ Gastro Intestinal Oncology
- ❖ Genito Urinary Oncology
- ❖ Gynec-Oncology
- ❖ Bone and Soft Tissue Oncology
- ❖ Minimally invasive surgery (MIS)
- ❖ Colostomy clinic
- ❖ Dietician
- ❖ Physiotherapy
- ❖ Acute pain service
- ❖ Palliative care services

4. Radiation Oncology

The department has the distinction of starting of the first linear accelerator facility in Rajasthan. At present it has the state of art radiation treatment facilities and well trained faculty to manage this ultra modern Department.

The treatment facilities include:

1. High energy Linear Accelerator (Clinac IX) with 3DCRT, IMRT, IGRT and Rapid Arc facilities – to deliver very precise treatment in less than five minutes.
2. High energy Linear Accelerator with 3DCRT & IMRT technologies – To deliver highly conformal Radiation Therapy.
3. Ultra-modern computerized treatment planning systems.
4. Dedicated PET CT scanner and CT scanner for radiation therapy planning.
MRI fusion facility is also available.
5. HDR Brach therapy machine to treat mainly gynecological, esophageal, head & neck, breast & soft tissue malignancies with CT compatible applicators.
6. Well-equipped mold room to cast customized immobilization devices for each patient for precise treatment delivery.
7. Tele cobalt machine

5. Hematology Oncology

Hematology is the study of blood, the blood-forming organs, and blood diseases. Hematology includes the study of etiology, diagnosis, treatment, prognosis, and prevention of blood diseases

6. Gynecologic Oncology

Female patients can avail the following services in this department which is headed by senior specialized gynecologic oncologist. Preventive services for all female genital cancers. This includes gynecological examination, Pap smear, Colposcopy, Hysteroscopy etc..Treatment of all gynecological cancers in all age groups, specialized services for younger ladies in the form of Ovarian and hormonal function conservation wherever applicable. Follow up and further screening for all treated patients.

7. Anesthesiology

Anesthesiologist seeks to encompass the entire Preoperative experience from Preoperative evaluation to intra operative regional or general anesthesia to post anesthesia care unit (PACU). Our hospital having ultra-modern operation theater well equipped with advanced anesthesia work station, non-invasive and

invasive monitors, infusion pumps, fiber optic bronchoscope for difficult intubation, body warmer to keep patient warm while prolong surgeries.

8. Surgical Intensive care unit (SICU)

OT are supported by SICU well designed for proper patient care. The surgical critical care unit has 16 fully equipped beds. SICU has infusion pumps, PCA pumps for post operative pain management, DVT pump for DVT prophylaxis. Aim is early recovery of patient by providing good pain relief, early respiratory physiotherapy, and early ambulation

9. Medical Intensive care unit (MICU)

Our medical ICU is fully equipped with 5 beds. We are having modern ventilators Bipap ventilator, invasive and noninvasive monitors.

It provides sophisticated care to seriously ill cancer patients involving a multidisciplinary team of oncologists' physicians, physiotherapist nutritionist, and psychologist and well experienced critical care nurses.

10. Preventive Oncology

Since 1999 to December 2013 BMCHRC has organized total 872 Camps screening 142775 patients out of which 6464 suspected cases were referred for further diagnostic workup.

In the larger interest of community camp teams comprising of General Physician, Oncologist, Gynecologist, ENT Specialist, Radiographer, Paramedical & Nursing Staff dedicate their services at the door steps of needy and deserving patients.

In the Preventive Oncology Department Nurgis Dutt Memorial Mobile Van and Mammography Mobile Van – which are equipped with Mammography, X-ray Machine, Dark room, Laboratory procedures Room, air conditioner and Genset have proved their worth for early detection of breast cancer and lung cancer etc.

Mammography Mobile Van is also equipped with the hardware and software of telemedicine with the help of which X-ray and Mammography performed at distance remote areas can be sent to and studied by radiologist at BMCHRC, Jaipur and his observations can be reported back at the distant camp site.

11. Palliative Care / Home Care Services

The World Health Organization defines palliative care as care which focuses on patients with life-threatening diseases. Palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis throughout the course of illness. Palliative care is often referred to as supportive care or

symptom control. If the patient's cancer cannot be treated, then the palliative care focus shifts to end-of-life care. Palliative care includes:

- ❖ Treatment of pain and other physical symptoms, such as fatigue, nausea, constipation, poor sleep, loss of appetite and weight loss
- ❖ Treatment of emotional symptoms, such as depression and anxiety
- ❖ End of life care

12. Day Care services:

Day care services provided include paracentesis, intravenous titration of analgesics, lymphoedema management and transcutaneous nerve stimulation and counseling.

13. Home Care services:

A dedicated and professionally qualified trained interdisciplinary team consisting of doctor, nurses and counselor provide home care to the patient with advanced cancer. The team visits the patient at home and provides medical, psycho social and emotional support. Weekly visits and follow-up are also done.

14. Telemedicine

"BMCHRC has partnered with TeleChikitsa, a telemedicine company to bring an opportunity to consult some of the leading researchers in the field of Oncology or any other specialty.

Tele-Chikitsa enables you to schedule and talk to the top American doctors in their fields right from the comfort of their telemedicine suite installed in Bhagwaan Mahaveer Hospital. You also have a choice to continue the follow up treatment with your own physician or physicians at BMCHRC.

Tele-Chikitsa provides peace of mind by making sure that the treatment plan you are following is correct and if it needs to be modified, it can be done well in time to achieve optimal results. TeleChikitsa offers full service consults as well as second opinions for your radiology and pathology tests.

15. Ostomy Clinic

Bhagwan Mahaveer Cancer Hospital, Jaipur provides ostomy care for all types of ostomies. It trains patients and their attendants in ostomy care. It also provides the required counseling to the patients.

16. Nuclear Medicine

Nuclear medicine specialists use safe, painless, and cost-effective techniques to image the body and treat disease. Nuclear medicine imaging procedures often identify abnormalities very early in the progress of a disease, long before many medical problems are apparent with other diagnostic tests.

Nuclear medicine uses very small amounts of radioactive materials (radiopharmaceuticals) to diagnose and treat disease. In imaging, the radiopharmaceuticals are detected by special types of cameras that work with computers to provide very precise pictures about the area of the body being imaged. In treatment, the radiopharmaceuticals go directly to the organ being treated. The amount of radiation in a typical nuclear imaging procedure is comparable with that received during a diagnostic x-ray, and the amount received in a typical treatment procedure is kept within safe limits.

Project 1:
**Gap Analysis
of Patient Safety Indicator
as per IPSG**

Aim

To Find the Gaps in Patient Safety Indicators as per IPSP Goals in Bhagwan Mahaveer Cancer Hospital Research Centre

Objective:

- To reliably identify the individual as the person for whom the service or treatment is intended and to match the service or treatment to that individual.
- To ensure effective communication which is timely accurate, complete, unambiguous and understood by the recipient reduces errors and results in improved patient safety. Communication can be electronic, verbal or written.
- To Reduce or Eliminate Errors or Adverse Outcomes and to develop a process for managing High alert Medications.
- To ensure correct patient, correct site surgery/ therapeutic and diagnostic invasive procedures through proper patient and proper surgical site identification
- To provide guidelines to promote hand-hygiene practices and reduce transmission of pathogenic microorganisms to patients and staff.
- Reduce the total number of falls occurring in hospital by providing an evidence-based, patient-centered approach to reducing the risks of harm and promote patient safety.

Need for Study

The IPSPs are fundamental to achieve high quality health care standards and the optimal level of patient's safety. The foundation of quality patient care is a proactive program of patient safety. As patient is the main customer of health care facility, the prime aim of the organization should direct towards patient safety.

Meeting these goals helps health care facilities to ensure that a safe health care environment is provided for the patient. Compliance with standards and each International Patient Safety Goals is a requirement of JCI Accreditation to. This study is aimed towards the further awareness regarding IPSP among health care professionals. Common communication problem within the health care team and between the health care professionals can be reduced by achieving the goal 2-improve effective communication.

Also IPSPs help to establish National Reporting systems and response mechanisms that are integral components of quality assurance program. Implementing evidence based interventions reduce patient harm and improve safety. Meeting IPSPs helps to create or implement policies and legislations conducive to sustainable health oriented solutions. It helps to establish systems that respect the rights of both patients and

health care providers. It also provides strong technical leadership and support to health care professionals.

The risk of health care associated infections is estimated to be 2-20 times higher in developing countries. Adhering to IPSG goal 5 reduces health care associated infections by promoting hand washing among health care providers. Unsafe practices include reuse of syringes and needles in the absence of sterilization and poor collection and disposal of dirty injection equipment's which expose health care workers and the community to the risk of needle sticks injuries.

The health workers and staff nurses have very little knowledge about international patient safety goals, so, the investigator felt the need to prepare self-instructional module regarding international patient safety goal to enhance knowledge among nurses

Review of Literature

Improved information and data systems are needed to support efforts to make patient safety a standard of care in hospitals, in doctors' offices, in nursing homes, and in every other health care setting. All health care organizations should establish comprehensive patient safety systems by providing immediate access to complete patient information and decision support tools and capturing information on patient safety by reporting adverse events and near misses.

A research study was done on International standards of patient care in King Husain Cancer Center, Jordan .The purpose of the study was to explain rapid changes on international standards. Sources including personal interviews, document review and on-site observations were combined to conduct a robust examination of KHCC's rapid changes. The changes which occurred at the KHCC during its formation and leading up to its Joint Commission International (JCI) accreditation can be understood within the conceptual frame of the transformational leadership model. Interviewees and other sources for the case study suggest the use of inspirational motivation, idealized influence, individualized consideration and intellectual stimulation, four factors in the transformational leadership model, had significant impact upon the attitudes and motivation of staff within KHCC. As a result it achieved improved levels of quality, expanded cancer care services and achieved Joint Commission International accreditation under new leadership over a three-year period (2002–2005).

A study was done on risk factors for falls as stroke patients are high risk for falling. The purpose of the study was to identify physical and social factors that predispose stroke patients to falls may reduce further disability and life-threatening complications, and improve overall quality of life. They used 5 biennial waves (1998-2006) from the Health and Retirement Study to assess risk factors associated with falling accidents and fall-related injuries among stroke survivors. They abstracted demographic data, living status, self-evaluated general health, and co morbid conditions. We analyzed the rate ratio (RR) of falling and the OR of injury within 2 follow-up years using a

multivariate random effects model. As a result they identified factors such as poor general health, urinary incontinence, motor impairment, living alone, impaired hearing, and etc. are the risk factors. In conclusion this study demonstrates the high prevalence of falls and fall-related injuries in stroke survivors, and identifies factors that increase the risk. Modifying these factors may prevent falls, which could lead to improved quality of life and less caregiver burden and cost in this population

A study was conducted on sign-out practices among internal medicine house staff, to identify contributing factors to sign-out quality. Prospective audiotape study design was used on eight internal medicine house staff teams from medical ward of an acute teaching hospital. Quantitative and qualitative assessments of sign-out content, clarity of language, environment, and factors affecting quality and comprehensiveness of oral sign-out etc. was done on different sessions. Five factors were associated with a higher rate of oral content inclusion: familiarity with the patient, sense of responsibility for the patient, only one sign-out per day, presence of a senior resident, and a comprehensive written sign-out. Findings suggest that several changes may be required to improve sign-out quality, including standardizing key content, minimizing sign-outs that do not involve the primary team, emphasizing the role of sign-out in maintaining patient safety, and fostering a sense of direct responsibility for patients among covering staff. The quality of sign-out process shows the standard of the organization.

A study was done about the complexities of the health care system potentially causing significant unintended adverse effects. The purpose of patient safety issue project is to report indications and to recommend potential patient safety issues .A 4 pronged strategies was developed to collect data that is background literature review, structured clinical panel reviews, expert review of ICD code in candidate of patient safety issue, and empirical analysis of potential candidate of patient safety issue. A review of previously reported measures in the literature and of medical coding manuals resulted in identification of over 200 ICD CM codes representing potential patient safety problems.

Introduction

The purpose of the IPSPG is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to these problems.

Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on system wide solutions, wherever possible.

Goals

The following is a list of all goals.

- ❖ **IPSG 1 ::** Identify Patients Correctly
- ❖ **IPSG 2 ::** Improve Effective Communication
- ❖ **IPSG 3 ::** Improve the Safety of High-Alert Medications
- ❖ **IPSG 4 ::** Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery
- ❖ **IPSG 5 ::** Reduce the Risk of Health Care–Associated Infections
- ❖ **IPSG 6 ::** Reduce the Risk of Patient Harm Resulting from Falls

1. Goal 1: Identify Patients Correctly

Measurable Elements of IPSG.1

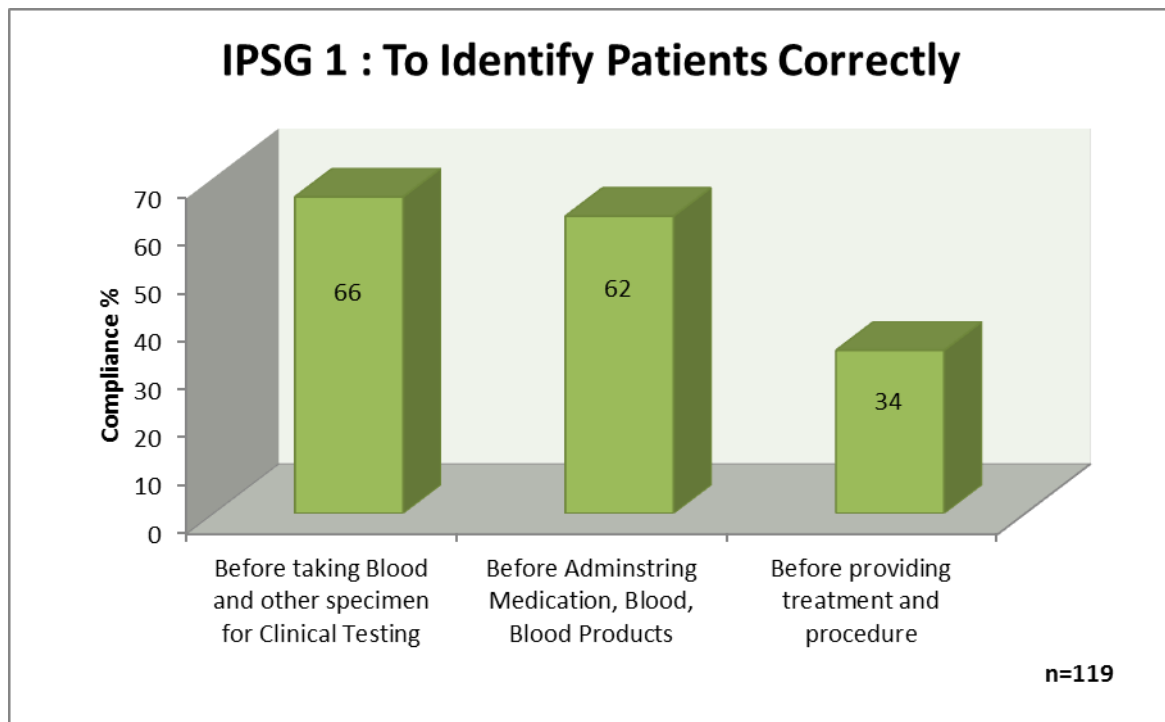
- Patients are identified using two patient identifiers, not including the use of the patient's room number or location.
- Patients are identified before administering medications, blood, or blood products.
- Patients are identified before taking blood and other specimens for clinical testing.
- Patients are identified before providing treatments and procedures.

Methodology

- ❖ Data collected by nursing instructor
- ❖ Validation done by quality department
- ❖ Validation date= 10 April to 15 April 2015
- ❖ Tool =checklist
- ❖ Area of monitoring=wards
- ❖ Data collection methodology=concurrent
- ❖ Numerator=total no. of conformance
- ❖ Denominator =total number of observation
- ❖ Compliance = 33.61%
- ❖ Original source=IPSG checklist

Observations

- ❖ Patients are identified using only one identifier i.e. patient name
- ❖ Lack of awareness regarding use of patient identifiers among nurses and patients.



Recommendations / Interventions:

Two aspects of patient identification include "identifiers" and "sources".

- A. The following identifiers are approved for positive identification of patients:
 - a) Patient name
 - b) Date of birth
 - c) Medical Record Number
 - d) Government issued photograph identification (e.g., driver's license)
 - e) Additional new born identifier: Footprint of new born taken immediately
- B. Combination of any of the two identifiers listed is used to confirm the patient's identity.
- C. Sources of the patient identifiers may include:
 - a) Patient
 - b) Relative (Parent, spouse, adult sibling, adult child)
 - c) Guardian
 - d) Domestic Partner

- e) Transferring facility if the patient is unable or surrogate is unavailable.

Note: If staffs are unable to identify the patient, the patient is placed in a "no name" status.

- D. Identification Band: The identification band is applied following initial identification of the patient. The staff member having initial contact with the patient obtains two of the identifiers, produces and applies the patient identification band. For the new born, ID bracelets are places on the ankle or wrist of the infant. This identification is applied in the delivery area prior to separation from the parent. The mother should have a matching numbered-bracelet applied also at this time on her wrist for identification.
- E. If the patient's medical condition prohibits the application of the identification band to the patient's extremity (wrist or ankle), the identification band must be attached to a visible part of the patient's body using tape appropriate to the patient's condition/allergies.
- F. If the identification band must be removed by a staff member, a new band shall be made, identification re-confirmed, and the band placed on the patient.
- G. Before a patient is transferred, the transferring nurse verifies that the identification band is in place.
- H. In the case of a new born, the infant and maternal ID bracelets will be compared each time the infant is returned to mother.

Note: For all in patients and outpatient double identifier shall be used for identifying the patient like Name, ID Number, Age or DOB.

2. Goal 2: Improve Effective Communication

Measurable Elements of IP SG 2

- The complete verbal and telephone order or test result is written down by the receiver of the order or test result.
- The complete verbal and telephone order or test result is read back by the receiver of the order or test result.
- The order or test result is confirmed by the individual who gave the order or test result.

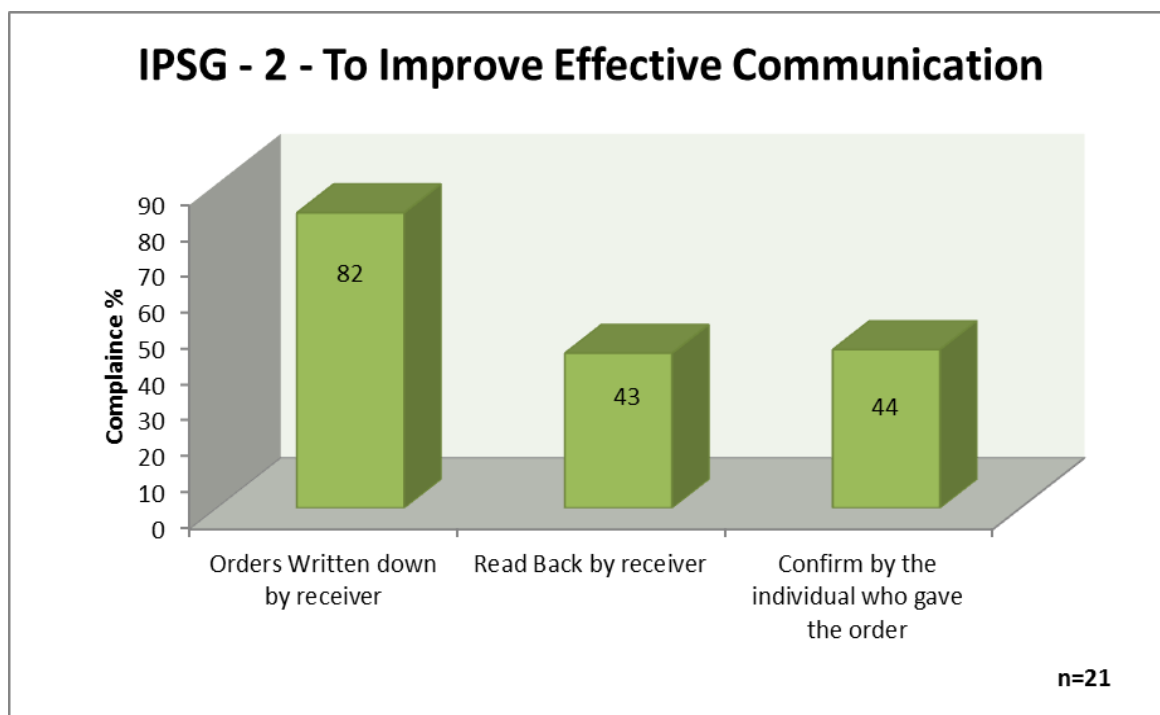
- Policies and procedures support consistent practice in verifying the accuracy of verbal and telephone communications.

Methodology

- ❖ Data collected by nursing instructor
- ❖ Validation done by quality department
- ❖ Validation date 18 April to 28 April 2015
- ❖ Methodology = concurrent
- ❖ Tool = checklist
- ❖ Area of monitoring = laboratory
- ❖ Numerator = critical results communicated within 5 minutes
- ❖ Denominator = total no of critical values evaluated
- ❖ Compliance = 62%
- ❖ Original source = IPSG checklist

Observations

Verbal orders and telephone order or test result is written down, read back by the receiver and is not confirmed by the individual who gave the order or test result.



Recommendations / Interventions

- ❖ The receiver of the telephone/verbal order or test result writes down (or enters into the computer) the complete order or result, then reads it

back to the sender. The sender then confirms/verifies the accuracy of the order or result.

- ❖ Verbal orders and test results are immediately written by the individual receiving the order or result.
- ❖ The verbal order or test result is read back verbatim to the prescriber for verification of accuracy. Repeating the order or test result back to the prescriber without writing it first is not acceptable.
- ❖ If read-back in emergent situations (such as a Code in the Emergency Department or in the operating room) would or could jeopardize the care of the patient, a "repeat back" is acceptable.
- ❖ The read-back applies to all telephone/verbal orders and test results (both normal and abnormal values).
- ❖ Verbal orders are entered into the patient's medical record (electronic or manual) with the date, time, name, and titles of the people sending and receiving the order/result, and signed and dated by the individual receiving the order.
- ❖ Verbal inpatient orders are reviewed and countersigned by the prescriber or another physician member of the team caring for the patient as soon as possible, but no later than upon completion of the Medical Record. Verbal outpatient orders should be signed within three business days.
- ❖ Only approved abbreviations are used in the documentation of verbal orders.
- ❖ Verbal Medication Orders
 - Elements included in a verbal medication order are:
 - a) Date & time;
 - b) Name of patient;
 - c) Drug name (brand or generic);
 - d) Dosage form (e.g., tablets, capsules, inhalants, etc.);
 - e) Exact strength or concentration;
 - f) Dose, frequency, and route;
 - g) Quantity and/or duration;
 - h) Name of prescriber;

- i) Name and title of individual receiving the order.
- The content of verbal medication orders is clearly communicated.
 - a) The name of the medication is confirmed by spelling, if necessary, for clarity.
 - b) In order to avoid confusion with spoken numbers, a dose such as 50 mg is dictated as "fifty milligrams...five zero milligrams" to distinguish from what could be heard as "fifteen milligrams". When writing the verbal order, the dose may be written in numerical format.
- ❖ Route and frequency are provided without abbreviations (i.e., "1 tab tid") and are verbally communicated as, "Take/give one tablet orally three times daily." When writing the verbal order, use standard approved abbreviations.

3. Goal 3: Improve the Safety of High-Alert Medications

Measurable Elements of IPSPG.3

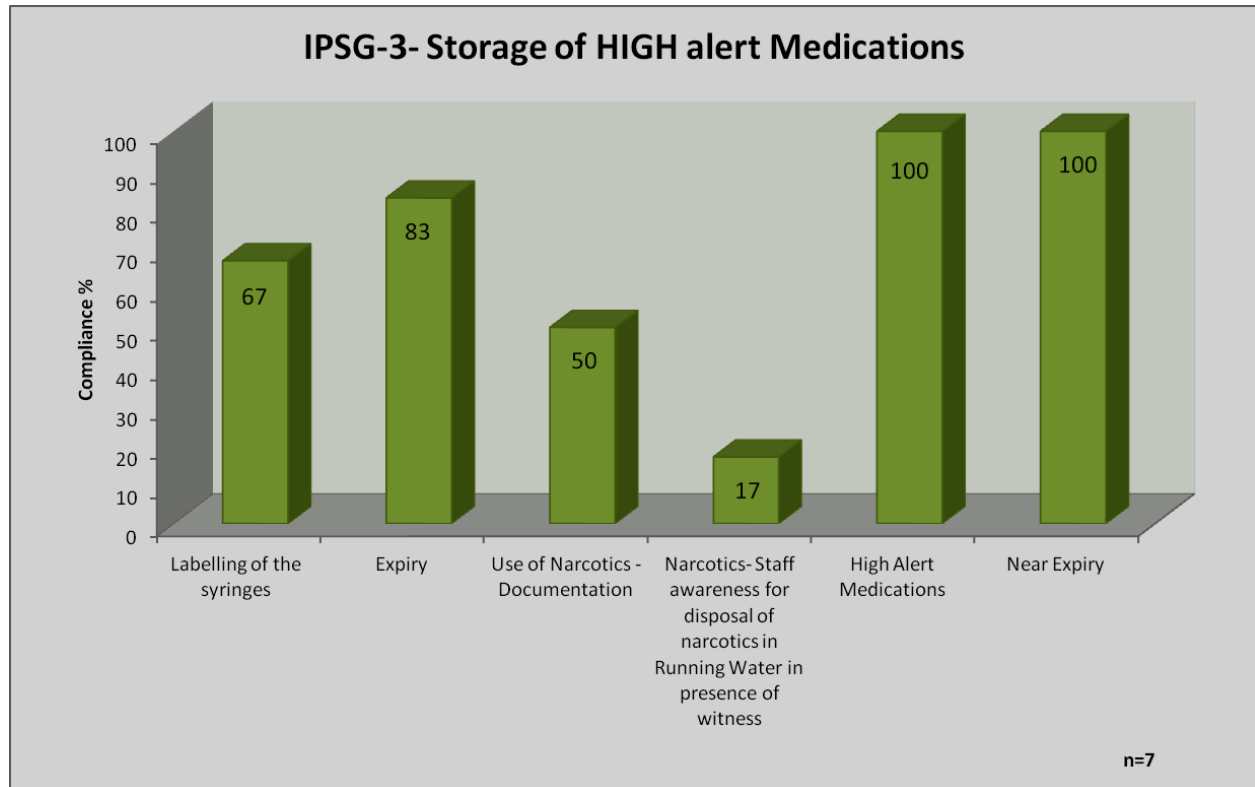
- Policies and/or procedures are developed to address the identification, location, labelling, and storage of high-alert medications.
- The policies and/or procedures are implemented.
- Concentrated electrolytes are not present in patient care units unless clinically necessary, and actions are taken to prevent inadvertent administration in those areas where permitted by policy.

Methodology

- ❖ Data collected from clinical pharmacist
- ❖ Validation done by quality department
- ❖ Validation date collected every Monday from 13 April to 8 June 2015
- ❖ Tool checklist
- ❖ Area of monitoring=all patient care areas
- ❖ Methodology =concurrent
- ❖ Numerator=total of compliance of 7 wks
- ❖ Denominator=total no of rounds i.e. 7
- ❖ Compliance=58.3
- ❖ Original source=IPSPG checklist

Observations

- ❖ High alert medications were marked red
- ❖ Emergency drugs/crash cart was not locked. And was easily accessible.
- ❖ Proper documentation of use of narcotics were not available and its disposal should be in running water in presence of witness



Recommendations

- Concentrated electrolytes that are stored in patient care units are clearly labelled and stored in a manner that restricts access. Strategies to Avoid Errors Involving High Risk Medications

1. Medication arrangement

- a. Avoid storing look-alike, sound-alike drugs next to each other
 - b. Limit/eliminate high risk drug storage in Floor stocks if stored to be part of crash cart only

2. Formulary selection

- a. To Minimize look-alike, sound-alike formulary combinations

3. Alert notes

- a. To label the high alert medications with stickers on packaging

- b. Highlighted drug storage areas
- 4. Administration
 - a) To be double checked prior to administration by nurses

➤ Targeted High Risk Medications at BMCHRC

The following high-risk medications have been identified

High Risk Drug Names	Strategies to Reduce Harm
Aminophylline/Theophylline	Eliminate from floor stock
Intravenous Digoxin	Eliminate from floor stock
Insulin infusions	Dose is double checked by two nurses
Heparin	1. Eliminate 25,000 unit vial from floor stock 2. Can keep in Cardiac OT, Cath Lab and dialysis with High Risk Medication label & stored separate from other medications
Neuromuscular Blockers	Limit to OT & Intensive Care Units
Parenteral Calcium Salts	Eliminate from floor stock
Parenteral Magnesium Salts	1. Eliminate from floor stock 2. Can keep in Labour Room with High Risk Medication label & stored separate from other medications
Parenteral Potassium Salts	1. Eliminate from floor stock 2. Can keep in Cardiac OT & ITU with High Risk Medication label & stored separate from other medications
Sodium Chloride >0.9%	Eliminate from floor stock

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

Measurable Elements of IPSG.4

- The organization uses an instantly recognizable mark for surgical-site identification and involves the patient in the marking process.

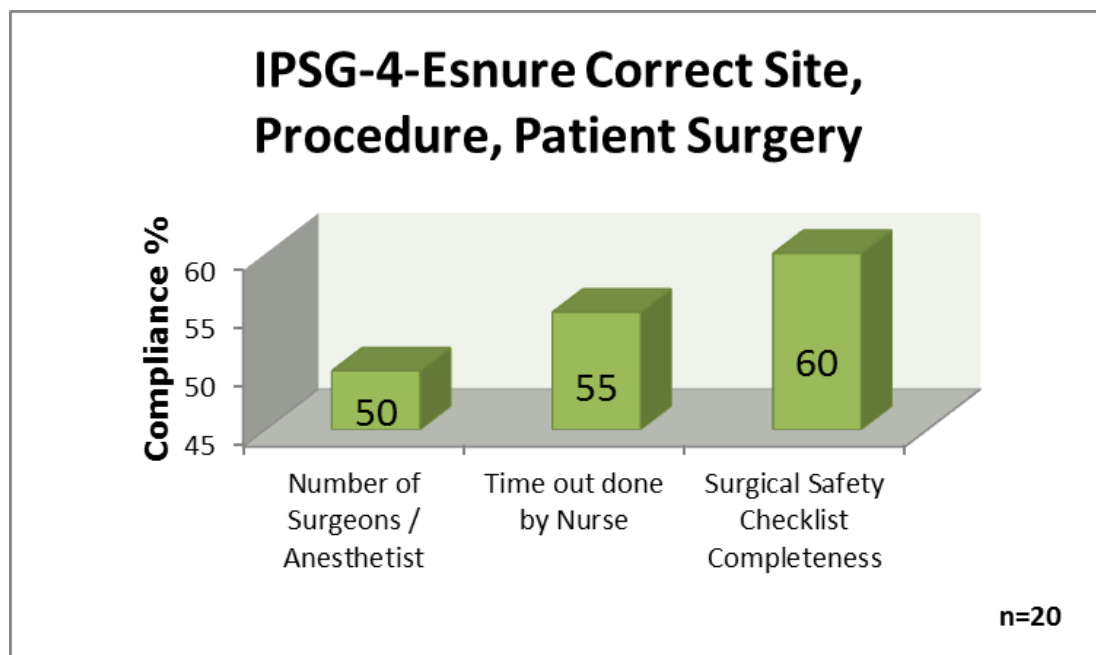
- The organization uses a checklist or other process to verify preoperatively
 - the correct site, correct procedure, and correct patient and that all documents and equipment needed are on hand, correct, and functional.
- The full surgical team conducts and documents a time-out procedure just before starting a surgical procedure.

Methodology

- ❖ Secondary Data collected from Time out Register.
- ❖ Tool: Checklist
- ❖ Validation date: From:10 April -30 may
- ❖ Validation Process: Concurrent
- ❖ Data collected by: OT Manager
- ❖ Validation done by: Quality Department
- ❖ Numerator :time out documentation
- ❖ Denominator: total no of surgeries
- ❖ Area of monitoring=secondary data taken from time out register
- ❖ Compliance=52.5
- ❖ Original source=IPSG checklist

Observation

- ❖ Surgical skin markers are rarely used for marking the surgical site.
- ❖ Measures for verification of patient identification are not followed .
- ❖ Least participation in time out procedures.



Recommendations

- A. Repeated checks are employed in a coordinated effort to minimize the risk of a procedure being performed on the incorrect patient, site, or side.
- B. Patient, procedure, site, and side verification is completed prior to the administration of sedative medications.
- C. The guidelines apply to all operative and other invasive procedures.

Protocol:

- A. Site marking is required for all procedures except:
 - 1. When the optimal anatomic location of the procedure is not predetermined (e.g. cardiac catheterization, bone marrow biopsy).
 - 2. When the patient is a premature infant, on whom the mark may inadvertently cause a permanent "tattoo".
 - 3. Situations with right/left distinction in which intra-procedural imaging is used to provide confirmation of the correct site.
 - 4. Surgical sites identified by a radiological marker such as a wire, catheter, or tube.
 - 5. Surgery on midline organs or single organ/structure.
- B. For those procedures in which marking the site is not required, the other recommendations for preventing wrong site, wrong procedure, and wrong patient errors still apply.
- C. If there is any conflict or confusion concerning patient, procedure site, side, or implant identification, halt the procedure and notify the physician.
- D. In emergency situations, when a physician has determined that delay is likely to compromise the patient's condition, completion of the Pre-Procedure Checklist may be waived. All steps may be omitted in a life-threatening emergency.

Procedure(s):

A. Correct Site/Side Marking

1. Prior to entering the Operating Room or beginning a bedside procedure, the proceduralist marks the site and side so it is unambiguous.
2. Use a surgical skin Marker or permanent marker to mark the correct site to assure the mark will withstand pre-procedure skin preparation.
3. Use Arrow Mark to indicate the Side Marking

B. Verifying Identification Prior to the Procedure

1. The pre-procedure caregiver verifies the patient's identification with a combination of two identifiers.
2. Following verification of the patient's identification, verify the presence of the patient's identification band and accuracy of the patient's name and medical record number.
3. Complete the Pre-Procedure Checklist.

If there is any conflict or confusion concerning the patient's identification, the procedure to be performed, or the procedure site or side, notify the physician.

C. Final Confirmation ("Time Out")

1. Each member of the procedural team participates in a "time out" for final confirmation of the correct identification of the patient, procedure, side, site, and patient position before the procedure begins.
 - a. Time out" is required when any one of the following applies:
 - i. Written consent is required;
 - ii. Administration of moderate/deep sedation and/or anaesthesia;
 - iii. Anticipated that the patient may experience significant discomfort or pain;
 - iv. The procedure exposes the patient to more than minimal risks.
 - b. When the procedure is performed in the operating room, the circulating nurse directs and documents the final confirmation process. Outside of the operating room, any member of the procedural team and/or the nurse caring for the patient directs and documents the final confirmation process.

- c. The proceduralist confirms the patient position and site identification immediately prior to making the incision.
- d. The procedure may not proceed until the final "time out" is completed.

"Time Out" is confirmed and A. Repeated checks are employed in a coordinated effort to minimize the risk of a procedure being performed on the incorrect patient, site, or side.

- D. Patient, procedure, site, and side verification is completed prior to the administration of sedative medications.
- E. The guidelines apply to all operative and other invasive procedures.

5. Goal 5: Reduce the Risk of Health Care–Associated Infections

Measurable Elements of IPSG.5

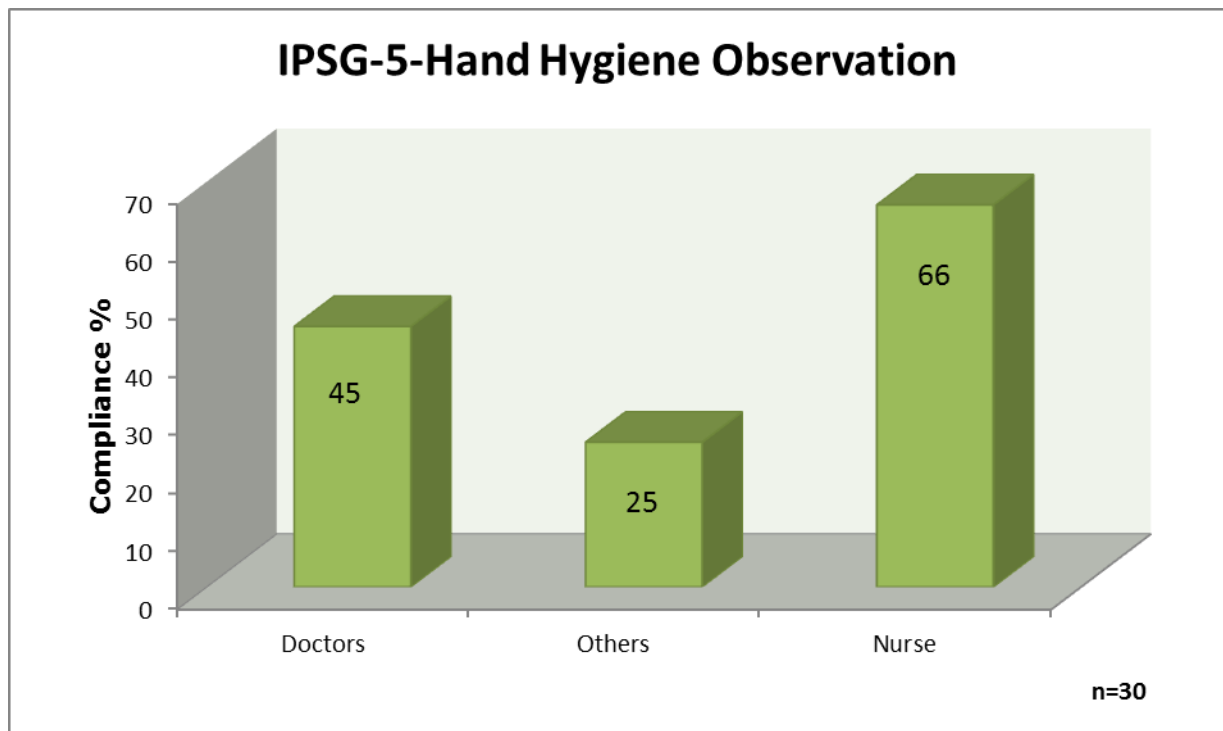
- The organization has adopted or adapted currently published and generally accepted hand-hygiene guidelines.
- The organization implements an effective hand-hygiene program.

Methodology

- ❖ Tool: Checklist enclosed
- ❖ Data collected by: Infection Control Incharge
- ❖ done by: Quality Department
- ❖ date: From: 15 April To 21th April
- ❖ Validation Process: Concurrent
- ❖ numerator: total no of hand washing compliance
- ❖ denominator: total no of observation
- ❖ Area of monitoring : all patient care areas

Observation

- ❖ Less than 50% of the professionals follow the hand hygiene practices.
- ❖ The condition is further worsening in general wards where the figure is below 10%.



Recommendations

All direct patient care providers shall adhere to the following guidelines regarding hand-hygiene practices. These practices are consistent with the WHO recommendations.

Specific Information:

A. Indications for hand washing and hand antisepsis:

1. In addition to traditional hand washing with soap and water, the WHO is recommending the use of alcohol-based hand rubs.

- a. Wash with soap and water, using the six-step technique as prescribed by WHO, when hands are visibly soiled.
- b. If hands are not visibly soiled, an alcohol-based hand rub may be used to decontaminate hands.
- c. When using an alcohol-based hand rub, apply product to the palm of one hand and rub hands together, covering all surfaces of hands

and fingers, until hands are dry. Pay special attention to fingertips and nail beds.

- d. Use antimicrobial soap or an alcohol rubs prior to all bedside invasive procedures (e.g., insertion of peripheral IV catheters, insertion of central lines, etc.).

2. Decontaminate hands at the following times:

- a. Upon reporting for work
- b. Before gloving
- c. After glove removal
- d. Before and after each patient contact
- e. After handling contaminated objects
- f. Before handling medications
- g. Before eating
- h. After using the restroom
- i. When leaving the facility

B. Gloves

- 1. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
- 2. Remove gloves after caring for a patient. Do not use the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
- 3. Change gloves during patient care if moving from a contaminated body site to a clean body site.

6. Goal 6: Reduce the Risk of Patient Harm

Measurable Elements of IPSG 6

- The organization implements a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition or medications, among others.
- Measures are implemented to reduce fall risk for those assessed to be at risk.

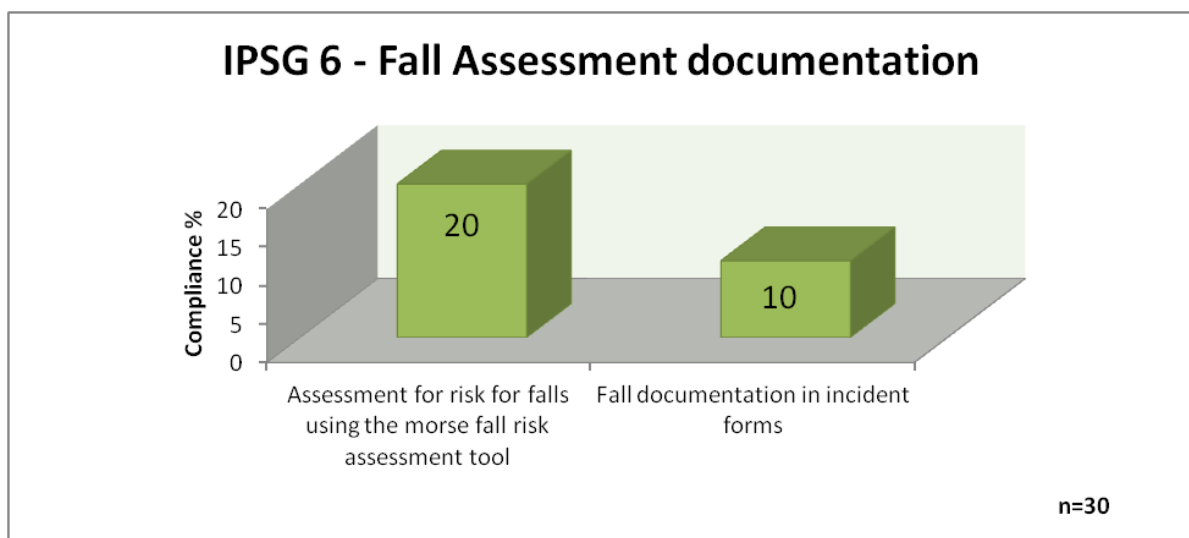
- Measures are monitored for results, both successful fall injury reduction and any unintended related consequences.

Methodology

- ❖ Data collected by: Nursing Superintendent
- ❖ Validation done by: Quality Department
- ❖ Validation date: From:11 may to17 april
- ❖ Validation Process: Concurrent
- ❖ Tool: Audit Checklist – enclosed
- ❖ Numerator=no of fall assessment done on admission
- ❖ Denominator=total no of observation
- ❖ Area of monitoring all patient care areas
- ❖ Original source=IPSG checklist

Observations

- ❖ Less than 50% of the professionals follow the hand hygiene practices
- ❖ Condition is further worsening in general wards where the figure is below 10%



Recommendations

- ❖ Policies and/or procedures support continued reduction of risk of patient harm resulting from falls in the organization. All patients are screened for risk for falls using the Morse Fall Risk Assessment Tool. Patients with scores more than 45 shall be considered as high risk.
- ❖ Reassessment of Fall Risk shall be done once daily.

- ❖ The hospital shall encourage family members to be present for admission of high-risk patients.
- ❖ Nursing staff will institute falls risk strategies as per the risk status of the patients. This will be documented in the care plan.
- ❖ All falls shall be documented in Incident Forms

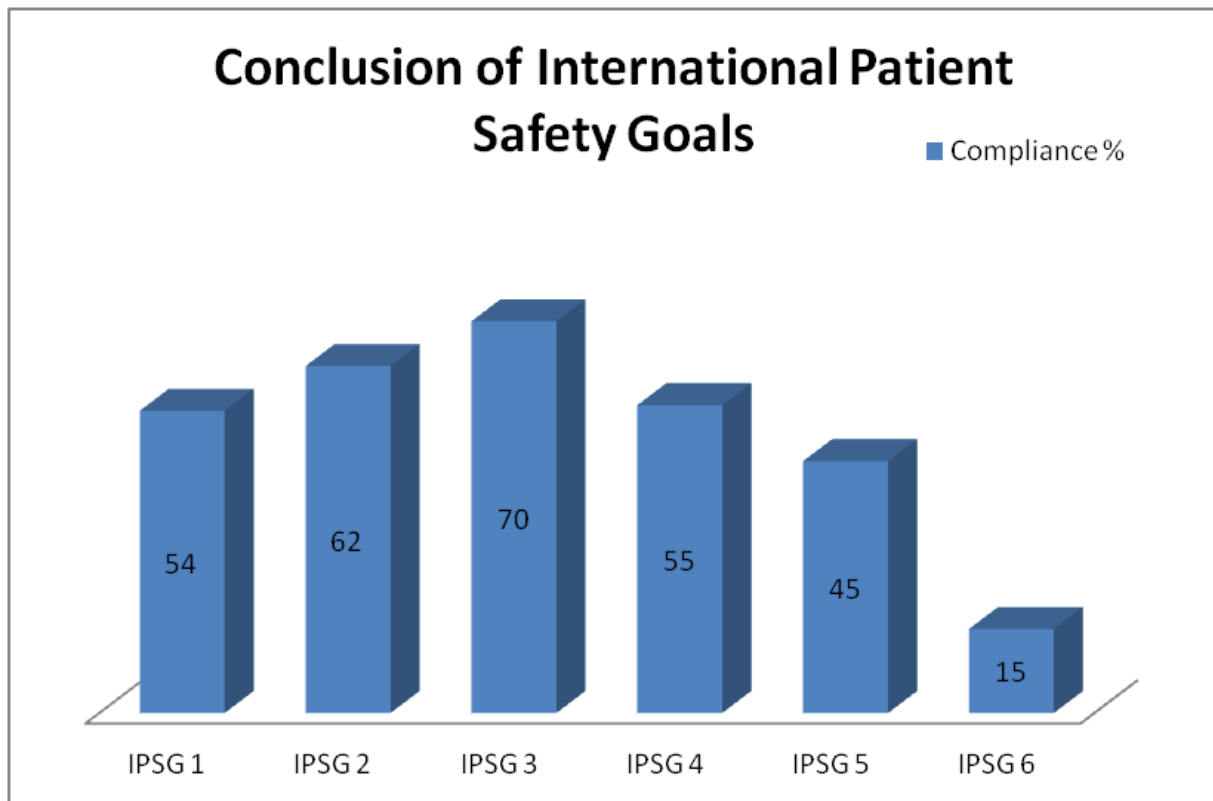
Key Steps for Fall Prevention

1. Be proactive—ask all patients 65+ if they've fallen in the past year.
2. Identify & address fall risk factors:
 - Lower body weakness
 - Gait and balance problems
 - Psychoactive medications
 - Postural dizziness
 - Poor vision
 - Problems with feet and/or shoes
 - Home safety
3. Refer as needed to specialists or community programs.
4. Follow-up with patient within 30 days.

Key Fall Interventions

- Educate patient
- Enhance strength & balance
- Manage medications
- Manage hypotension
- Supplement vitamin D +/- calcium
- Address foot problems
- Optimize vision
- Optimize home safety

Conclusion



Annexure

Below are the annexure of International Patient Safety Goals

1. Goal 1

IPSG - 1 - To Identify Patients Correctly							
S No	Date	Case	Patient Ward	Observations			% Compliance = Total yes / Total observations * 100
				Two Identifier Used - Before taking Blood and other specimen for Clinical Testing	Two identifier used - Before Blood Transfusion	Two Identifier used: Before administering medications, Before doing any procedure (minor/major)	
1	10-Apr-15	Case 1	Ward 1	Yes	Yes	No	54.00%
2	10-Apr-15	Case 2	Ward 1	Yes	No	Yes	
3	10-Apr-15	Case 3	Ward 1	Yes	Yes	No	
4	10-Apr-15	Case 4	Ward 2	Yes	No	Yes	
5	10-Apr-15	Case 5	Ward 2	No	No	Yes	
6	10-Apr-15	Case 6	Ward 2	Yes	Yes	No	
7	10-Apr-15	Case 7	Ward 3	Yes	No	Yes	
8	10-Apr-15	Case 8	Ward 3	Yes	Yes	No	
9	10-Apr-15	Case 9	Ward 3	Yes	No	Yes	
10	10-Apr-15	Case 10	Ward 3	Yes	No	Yes	
11	10-Apr-15	Case 11	Ward 4	Yes	Yes	No	
12	10-Apr-15	Case 12	Ward 4	Yes	No	Yes	
13	10-Apr-15	Case 13	Ward 4	Yes	Yes	No	
14	10-Apr-15	Case 14	Ward 6	No	No	Yes	
15	10-Apr-15	Case 15	Ward 6	Yes	No	Yes	
16	10-Apr-15	Case 16	Ward 7	Yes	Yes	No	
17	10-Apr-15	Case 17	Ward 7	Yes	No	Yes	
18	11-Apr-15	Case 18	Ward 1	Yes	Yes	No	
19	11-Apr-15	Case 19	Ward 1	No	No	Yes	
20	11-Apr-15	Case 20	Ward 1	No	Yes	No	
21	11-Apr-15	Case 21	Ward 2	Yes	Yes	No	
22	11-Apr-15	Case 22	Ward 2	Yes	No	Yes	
23	11-Apr-15	Case 23	Ward 2	Yes	Yes	No	
24	11-Apr-15	Case 24	Ward 3	Yes	No	Yes	
25	11-Apr-15	Case 25	Ward 3	Yes	Yes	No	
26	11-Apr-15	Case 26	Ward 3	Yes	No	Yes	
27	11-Apr-15	Case 27	Ward 3	Yes	Yes	No	
28	11-Apr-15	Case 28	Ward 4	No	Yes	No	
29	11-Apr-15	Case 29	Ward 4	Yes	Yes	No	
30	11-Apr-15	Case 30	Ward 4	No	Yes	No	
31	11-Apr-15	Case 31	Ward 6	Yes	No	Yes	
32	11-Apr-15	Case 32	Ward 6	Yes	No	Yes	
33	11-Apr-15	Case 33	Ward 7	Yes	No	Yes	
34	11-Apr-15	Case 34	Ward 7	Yes	Yes	No	

35	13-Apr-15	Case 35	Ward 1	Yes	No	No
36	13-Apr-15	Case 36	Ward 1	No	Yes	No
37	13-Apr-15	Case 37	Ward 1	Yes	No	Yes
38	13-Apr-15	Case 38	Ward 2	Yes	No	Yes
39	13-Apr-15	Case 39	Ward 2	No	Yes	No
40	13-Apr-15	Case 40	Ward 2	Yes	No	Yes
41	13-Apr-15	Case 41	Ward 3	Yes	No	Yes
42	13-Apr-15	Case 42	Ward 3	Yes	Yes	No
43	13-Apr-15	Case 43	Ward 3	Yes	No	Yes
44	13-Apr-15	Case 44	Ward 3	Yes	No	Yes
45	13-Apr-15	Case 45	Ward 4	No	Yes	No
46	13-Apr-15	Case 46	Ward 4	Yes	No	Yes
47	13-Apr-15	Case 47	Ward 4	No	Yes	No
48	13-Apr-15	Case 48	Ward 6	Yes	Yes	No
49	13-Apr-15	Case 49	Ward 6	Yes	No	Yes
50	13-Apr-15	Case 50	Ward 7	Yes	Yes	No
51	13-Apr-15	Case 51	Ward 7	Yes	No	Yes
52	14-Apr-15	Case 52	Ward 1	Yes	Yes	Yes
53	14-Apr-15	Case 53	Ward 1	No	Yes	No
54	14-Apr-15	Case 54	Ward 1	Yes	Yes	No
55	14-Apr-15	Case 55	Ward 2	No	No	Yes
56	14-Apr-15	Case 56	Ward 2	No	No	Yes
57	14-Apr-15	Case 57	Ward 2	No	Yes	No
58	14-Apr-15	Case 58	Ward 3	No	No	Yes
59	14-Apr-15	Case 59	Ward 3	No	No	Yes
60	14-Apr-15	Case 60	Ward 3	No	Yes	No
61	14-Apr-15	Case 61	Ward 3	No	No	Yes
62	14-Apr-15	Case 62	Ward 4	Yes	Yes	No
63	14-Apr-15	Case 63	Ward 4	No	No	Yes
64	14-Apr-15	Case 64	Ward 4	No	Yes	No
65	14-Apr-15	Case 65	Ward 6	No	No	Yes
66	14-Apr-15	Case 66	Ward 6	No	Yes	No
67	14-Apr-15	Case 67	Ward 7	No	No	Yes
68	14-Apr-15	Case 68	Ward 7	No	Yes	No
69	15-Apr-15	Case 69	Ward 1	No	No	No
70	15-Apr-15	Case 70	Ward 1	No	Yes	No
71	15-Apr-15	Case 71	Ward 1	No	Yes	No
72	15-Apr-15	Case 72	Ward 2	No	Yes	No
73	15-Apr-15	Case 73	Ward 2	No	Yes	No
74	15-Apr-15	Case 74	Ward 2	No	Yes	No
75	15-Apr-15	Case 75	Ward 3	No	No	Yes
76	15-Apr-15	Case 76	Ward 3	No	Yes	No
77	15-Apr-15	Case 77	Ward 3	No	No	Yes
78	15-Apr-15	Case 78	Ward 3	No	Yes	No
79	15-Apr-15	Case 79	Ward 4	Yes	Yes	No
80	15-Apr-15	Case 80	Ward 4	Yes	Yes	No
81	15-Apr-15	Case 81	Ward 4	Yes	Yes	No
82	15-Apr-15	Case 82	Ward 6	Yes	Yes	No
83	15-Apr-15	Case 83	Ward 6	No	Yes	No
84	15-Apr-15	Case 84	Ward 7	Yes	Yes	No
85	15-Apr-15	Case 85	Ward 7	Yes	Yes	No
86	16-Apr-15	Case 86	Ward 1	No	No	No
87	16-Apr-15	Case 87	Ward 1	No	No	No
88	16-Apr-15	Case 88	Ward 1	Yes	Yes	No
89	16-Apr-15	Case 89	Ward 2	Yes	Yes	No
90	16-Apr-15	Case 90	Ward 2	No	Yes	No

91	16-Apr-15	Case 91	Ward 2	Yes	Yes	No
92	16-Apr-15	Case 92	Ward 3	Yes	Yes	No
93	16-Apr-15	Case 93	Ward 3	Yes	Yes	No
94	16-Apr-15	Case 94	Ward 3	Yes	Yes	No
95	16-Apr-15	Case 95	Ward 3	Yes	Yes	No
96	16-Apr-15	Case 96	Ward 4	Yes	Yes	Yes
97	16-Apr-15	Case 97	Ward 4	No	Yes	No
98	16-Apr-15	Case 98	Ward 4	Yes	Yes	No
99	16-Apr-15	Case 99	Ward 6	Yes	Yes	No
100	16-Apr-15	Case 100	Ward 6	No	Yes	No
101	16-Apr-15	Case 101	Ward 7	Yes	Yes	No
102	16-Apr-15	Case 102	Ward 7	Yes	No	No
103	17-Apr-15	Case 103	Ward 1	Yes	Yes	No
104	17-Apr-15	Case 104	Ward 1	Yes	Yes	No
105	17-Apr-15	Case 105	Ward 1	Yes	Yes	No
106	17-Apr-15	Case 106	Ward 2	Yes	Yes	No
107	17-Apr-15	Case 107	Ward 2	Yes	Yes	Yes
108	17-Apr-15	Case 108	Ward 2	Yes	Yes	No
109	17-Apr-15	Case 109	Ward 3	Yes	No	No
110	17-Apr-15	Case 110	Ward 3	Yes	No	Yes
111	17-Apr-15	Case 111	Ward 3	Yes	Yes	No
112	17-Apr-15	Case 112	Ward 3	Yes	Yes	No
113	17-Apr-15	Case 113	Ward 4	No	Yes	No
114	17-Apr-15	Case 114	Ward 4	Yes	Yes	No
115	17-Apr-15	Case 115	Ward 4	Yes	Yes	No
116	17-Apr-15	Case 116	Ward 6	Yes	No	No
117	17-Apr-15	Case 117	Ward 6	Yes	No	No
118	17-Apr-15	Case 118	Ward 7	Yes	Yes	No
119	17-Apr-15	Case 119	Ward 7	Yes	No	No
% Compliance				66	62	34

2. Goal 2

IPSG - 2 - To Improve Effective Communication (Data Validation)							
Sr	Pt Name & Case	Ward	Date	Orders Written down by receiver	Read Back by receiver	Confirm by the individual who gave the order	Compliance %
1	Case 1	1	18-Apr-15	Yes	No	Yes	62
2	Case 2	2	18-Apr-15	No	Yes	No	
3	Case 3	3	20-Apr-15	Yes	Yes	No	
4	Case 4	4	21-Apr-15	Yes	No	No	
5	Case 5	6	21-Apr-15	No	Yes	Yes	
6	Case 6	7	22-Apr-15	Yes	No	No	
7	Case 7	3	22-Apr-15	Yes	No	Yes	
8	Case 8	2	23-Apr-15	Yes	Yes	No	
9	Case 9	6	23-Apr-15	Yes	Yes	Yes	
10	Case 10	7	24-Apr-15	Yes	Yes	No	
11	Case 11	1	24-Apr-15	Yes	No	Yes	
12	Case 12	3	25-Apr-15	Yes	Yes	No	
13	Case 13	2	25-Apr-15	No	No	No	
14	Case 14	4	27-Apr-15	Yes	Yes	Yes	
15	Case 15	6	27-Apr-15	Yes	No	Yes	
16	Case 16	7	27-Apr-15	Yes	No	Yes	
17	Case 17	4	27-Apr-15	No	Yes	No	
18	Case 18	3	28-Apr-15	Yes	No	No	
19	Case 19	4	28-Apr-15	Yes	Yes	Yes	
20	Case 20	2	28-Apr-15	Yes	No	Yes	
21	Case 21	1	28-Apr-15	Yes	Yes	Yes	
% Compliance				66	62	34	

3. Goal 3

Date 13-Apr-15		Conformance									
IPSG -3- Storage of HIGH alert Medications		Ward 1	Ward 2	Ward 3	Ward 4	Ward 6	Ward 7	Total of Yes	Total of No	Total Count	Compliance %
Sr.	Particulars	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No				
1	Labelling of the syringes (Should be labelled with Patient's name,MRN,Age,Date of opening)	Yes	Yes	No	No	Yes	Yes	4	2	6	66.67
2	Apr	Yes	Yes	Yes	No	Yes	Yes	5	1	6	83.33
3	Use of Narcotics - Proper documentation for both usage and discarding	Yes	Yes	No	No	Yes	No	3	3	6	50.00
4	Narcotics- Staff aware of the disposal of narcotics i.e to discard the narcotic in the running water in the present of a witness and for the documentaion of the same in the records	No	No	No	No	No	Yes	1	5	6	16.67
5	High Alert medications should be stored at one place mentioning "High Alert Medications"	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00
6	Near Expiry - No medicine expiring within 3 months to be kept within the stock	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00

Date 20-Apr-15		Conformance									
IPSG -3- Storage of HIGH alert Medications		Ward 1	Ward 2	Ward 3	Ward 4	Ward 6	Ward 7	Total of Yes	Total of No	Total Count	Compliance %
Sr.	Particulars	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No				
1	Labelling of the syringes (Should be labelled with Patient's name,MRN,Age,Date of opening)	Yes	Yes	No	No	Yes	Yes	4	2	6	66.67
2	Expiry - Any filled syringe should be disposed off within 24hrs of opening looking at the date of filling the syringe	Yes	Yes	Yes	No	Yes	Yes	5	1	6	83.33
3	Use of Narcotics - Proper documentation for both usage and discarding	Yes	Yes	No	No	Yes	No	3	3	6	50.00
4	Narcotics- Staff aware of the disposal of narcotics i.e to discard the narcotic in the running water in the present of a witness and for the documentaion of the same in the records	No	No	No	No	No	Yes	1	5	6	16.67
5	High Alert medications should be stored at one place mentioning "High Alert Medications"	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00
6	Near Expiry - No medicine expiring within 3 months to be kept within the stock	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00

Date 27-Apr-15		Conformance									
IPSG -3- Storage of HIGH alert Medications		Ward 1	Ward 2	Ward 3	Ward 4	Ward 6	Ward 7	Total of Yes	Total of No	Total Count	Compliance %
Sr.	Particulars	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No				
1	Labelling of the syringes (Should be labelled with Patient's name,MRN,Age,Date of opening)	Yes	Yes	No	No	Yes	Yes	4	2	6	66.67
2	Expiry - Any filled syringe should be disposed off within 24hrs of opening looking at the date of filling the syringe	Yes	Yes	Yes	No	Yes	Yes	5	1	6	83.33
3	Use of Narcotics - Proper documentation for both usage and discarding	Yes	Yes	No	No	Yes	No	3	3	6	50.00
4	Narcotics- Staff aware of the disposal of narcotics i.e to discard the narcotic in the running water in the present of a witness and for the documentaion of the same in the records	No	No	No	No	No	Yes	1	5	6	16.67
5	High Alert medications should be stored at one place mentioning "High Alert Medications"	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00
6	Near Expiry - No medicine expiring within 3 months to be kept within the stock	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00

Date 04-May-15		Conformance									
IPSG -3- Storage of HIGH alert Medications		Ward 1	Ward 2	Ward 3	Ward 4	Ward 6	Ward 7	Total of Yes	Total of No	Total Count	Compliance %
Sr.	Particulars	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No				
1	Labelling of the syringes (Should be labelled with Patient's name,MRN,Age,Date of opening)	Yes	Yes	No	No	Yes	Yes	4	2	6	66.67
2	Expiry - Any filled syringe should be disposed off within 24hrs of opening looking at the date of filling the syringe	Yes	Yes	Yes	No	Yes	Yes	5	1	6	83.33
3	Use of Narcotics - Proper documentation for both usage and discarding	Yes	Yes	No	No	Yes	No	3	3	6	50.00
4	Narcotics- Staff aware of the disposal of narcotics i.e to discard the narcotic in the running water in the present of a witness and for the documentaion of the same in the records	No	No	No	No	No	Yes	1	5	6	16.67
5	High Alert medications should be stored at one place mentioning "High Alert Medications"	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00
6	Near Expiry - No medicine expiring within 3 months to be kept within the stock	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00

Date	25-May-15										
IPSG -3- Storage of HIGH alert Medications		Conformance									
		Ward 1	Ward 2	Ward 3	Ward 4	Ward 6	Ward 7	Total of Yes	Total of No	Total Count	Compliance %
Sr.	Particulars	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No				
1	Labelling of the syringes (Should be labelled with Patient's name,MRN,Age,Date of opening)	Yes	Yes	No	No	Yes	Yes	4	2	6	66.67
2	Expiry - Any filled syringe should be disposed off within 24hrs of opening looking at the date of filling the syringe	Yes	Yes	Yes	No	Yes	Yes	5	1	6	83.33
3	Use of Narcotics - Proper documentation for both usage and discarding	Yes	Yes	No	No	Yes	No	3	3	6	50.00
4	Narcotics- Staff aware of the disposal of narcotics i.e to discard the narcotic in the running water in the present of a witness and for the documentaion of the same in the records	No	No	No	No	No	Yes	1	5	6	16.67
5	High Alert medications should be stored at one place mentioning "High Alert Medications"	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00
6	Near Expiry - No medicine expiring within 3 months to be kept within the stock	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00

Date	01-Jun-15										
IPSG -3- Storage of HIGH alert Medications		Conformance									
		Ward 1	Ward 2	Ward 3	Ward 4	Ward 6	Ward 7	Total of Yes	Total of No	Total Count	Compliance %
Sr.	Particulars	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No				
1	Labelling of the syringes (Should be labelled with Patient's name,MRN,Age,Date of opening)	Yes	Yes	No	No	Yes	Yes	4	2	6	66.67
2	Expiry - Any filled syringe should be disposed off within 24hrs of opening looking at the date of filling the syringe	Yes	Yes	Yes	No	Yes	Yes	5	1	6	83.33
3	Use of Narcotics - Proper documentation for both usage and discarding	Yes	Yes	No	No	Yes	No	3	3	6	50.00
4	Narcotics- Staff aware of the disposal of narcotics i.e to discard the narcotic in the running water in the present of a witness and for the documentaion of the same in the records	No	No	No	No	No	Yes	1	5	6	16.67
5	High Alert medications should be stored at one place mentioning "High Alert Medications"	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00
6	Near Expiry - No medicine expiring within 3 months to be kept within the stock	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00

Date	08-Jun-15										
IPSG -3- Storage of HIGH alert Medications		Conformance									
		Ward 1	Ward 2	Ward 3	Ward 4	Ward 6	Ward 7	Total of Yes	Total of No	Total Count	Compliance %
Sr.	Particulars	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No				
1	Labelling of the syringes (Should be labelled with Patient's name,MRN,Age,Date of opening)	Yes	Yes	No	No	Yes	Yes	4	2	6	66.67
2	Expiry - Any filled syringe should be disposed off within 24hrs of opening looking at the date of filling the syringe	Yes	Yes	Yes	No	Yes	Yes	5	1	6	83.33
3	Use of Narcotics - Proper documentation for both usage and discarding	Yes	Yes	No	No	Yes	No	3	3	6	50.00
4	Narcotics- Staff aware of the disposal of narcotics i.e to discard the narcotic in the running water in the present of a witness and for the documentaion of the same in the records	No	No	No	No	No	Yes	1	5	6	16.67
5	High Alert medications should be stored at one place mentioning "High Alert Medications"	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00
6	Near Expiry - No medicine expiring within 3 months to be kept within the stock	Yes	Yes	Yes	Yes	Yes	Yes	6	0	6	100.00

4. Goal 4

IPSG - 4-Ensure Correct site, Procedure, Patient Surgery				
Sr	Patient Name/ID No.	By Surgeon / Anaesthetic	By Nurse	Surgical Safety Checklist completeness
1	Case 1	Yes	Yes	Yes
2	Case 2	Yes	No	No
3	Case 3	No	Yes	Yes
4	Case 4	No	Yes	Yes
5	Case 5	Yes	Yes	Yes
6	Case 6	Yes	Yes	Yes
7	Case 7	No	No	No
8	Case 8	Yes	No	No
9	Case 9	Yes	No	No
10	Case 10	No	No	No
11	Case 11	Yes	No	Yes
12	Case 12	Yes	No	Yes
13	Case 13	xyz	No	Yes
14	Case 14	No	Yes	Yes
15	Case 15	Yes	Yes	No
16	Case 16	No	Yes	Yes
17	Case 17	Yes	Yes	No
18	Case 18	No	Yes	Yes
19	Case 19	No	Yes	Yes
20	Case 20	No	No	No
Compliance %		50	55	60

5. Goal 5

[illegible]

6. Goal 6

IPSG 6 - Fall Assessment documentation				
Date	Ward	Patient ID	Assessment for risk for falls using the morse fall risk assessment tool	Fall documentation in incident forms
11-Apr-15	Ward 1	Case 1	No	No
11-Apr-15	Ward 1	Case 2	Yes	Yes
11-Apr-15	Ward 1	Case 3	Yes	No
11-Apr-15	Ward 1	Case 4	Yes	Yes
11-Apr-15	Ward 1	Case 5	No	No
13-Apr-15	Ward 2	Case 6	Yes	Yes
13-Apr-15	Ward 2	Case 7	Yes	Yes
13-Apr-15	Ward 2	Case 8	Yes	Yes
13-Apr-15	Ward 2	Case 9	Yes	Yes
13-Apr-15	Ward 2	Case 10	No	Yes
14-Apr-15	Ward 3	Case 11	Yes	Yes
14-Apr-15	Ward 3	Case 12	Yes	No
14-Apr-15	Ward 3	Case 13	Yes	Yes
14-Apr-15	Ward 3	Case 14	No	No
14-Apr-15	Ward 3	Case 15	Yes	Yes
15-Apr-15	Ward 4	Case 16	No	No
15-Apr-15	Ward 4	Case 17	Yes	Yes
15-Apr-15	Ward 4	Case 18	No	No
15-Apr-15	Ward 4	Case 19	Yes	Yes
15-Apr-15	Ward 4	Case 20	Yes	No
16-Apr-15	Ward 6	Case 21	No	No
16-Apr-15	Ward 6	Case 22	Yes	Yes
16-Apr-15	Ward 6	Case 23	Yes	Yes
16-Apr-15	Ward 6	Case 24	Yes	No
16-Apr-15	Ward 6	Case 25	No	No
17-Apr-15	Ward 7	Case 26	Yes	No
17-Apr-15	Ward 7	Case 27	Yes	Yes
17-Apr-15	Ward 7	Case 28	No	No
17-Apr-15	Ward 7	Case 29	Yes	Yes
17-Apr-15	Ward 7	Case 30	No	No
Compliance %			20	16