COMPLIANCE AUDIT FOR IPSG 1—CORRECT PATIENT IDENTIIFICATION

RATIONALE

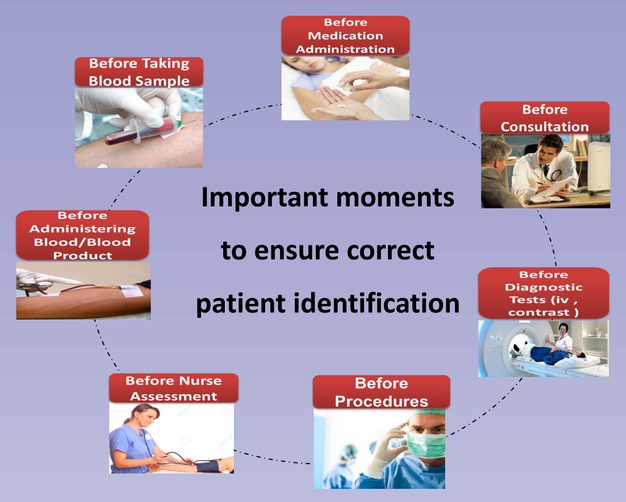
Between November 2003 and July 2005 ,United Kingdom National Patient Safety Agency reported 236 incidents and near misses related to missing wristbands or ones with incorrect information. Patient misidentification was cited in more than 100 individual cause analysed by United States Department of Veterans Affairs National Centre for Patient Safety from January 2000 to March 2003

(Source of Data : JCI Patient Safety Solutions, Volume 1, Solution 2, May 2007)

OBJECTIVE

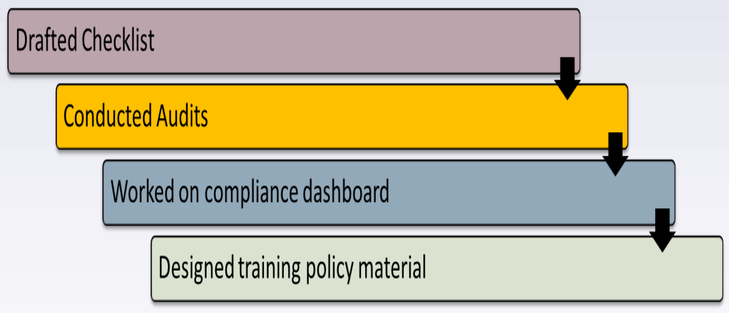
- To understand the International Patient Safety goal 1 correct Patient Identification
- To identify problem areas in IPD and OPD
- To provide solutions for the problems identified

WHEN/WHERE ?



METHODOLOGY

- The poster is based on descriptive study conducted at IPD and OPD. Primary data collection is done through observation check and staff interview and secondary data collection through JCI patient safety guide
- The sampling method used is purposive sampling with sample size of 101 in IPDs and 97 in OPDs

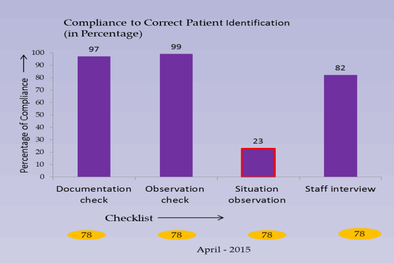


OPD CHECKLIST

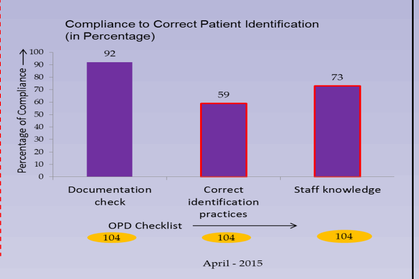
Correct documentation	• 2 identifiers used (billing staff) • 2 identifiers used (file making) • 2 identifiers used (vitals check)
Correct patient identification practices	• Patient identifiers(full name, UHID) tally on files , receipts and reports • Name and UHID present on prescription paper
Staff knowledge	• Which are two patient identifiers? • Why UHID is used as one of patient identifier? • When should you use the two patient identifiers? • How will you identify patients of day-care and dialysis? • What are the other identifiers allowed in OPD?

FINDINGS

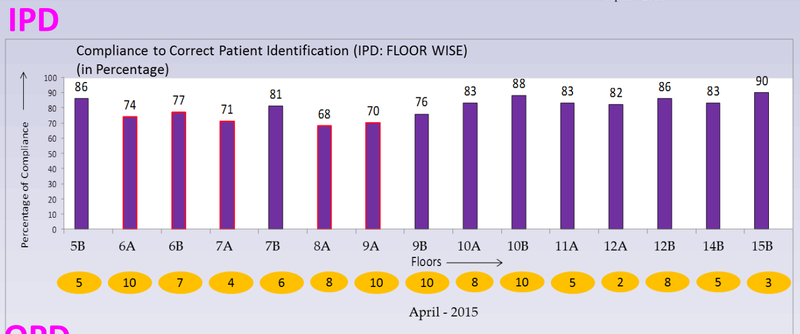
IPD



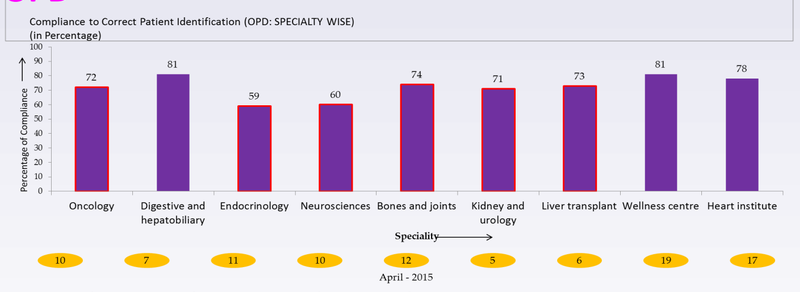
OPD



IPD



OPD

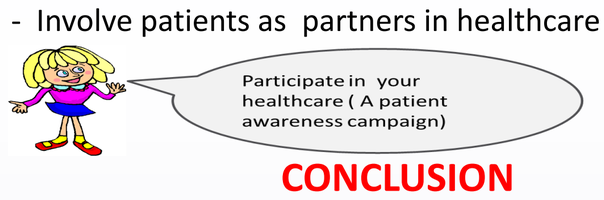


(Compliance = Total Yes * 100/ Total Yes +Total No)
(Source of Data: IPSG - 1 Audit Tool)

In IPDs, low compliance is found in situation observation check due to negligence of the nursing staff. In OPDs , low compliance is found in a) correct identification practice check due to missing UHIDs in hand written prescription papers and b) staff knowledge

RECOMMENDATIONS

- Periodic training of the nursing staff
- Frequent audits
- Involve patients as partners in healthcare



CONCLUSION

To err is human but medical error is against humanity. We need to recognise crucial role of nursing staff and train them. Strict implementation of well defined policies throughout hospital is also needed.

WHAT ?

DEFINITION

Standard IPSG.1

The hospital develops and implements a process to improve accuracy of patient identifications

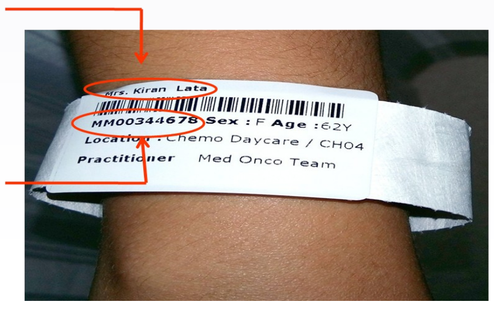
Measurable Elements of IPSG.1

1. Patients are identified using two patient identifiers, not including the use of the patient's room number or location
2. Patients are identified before providing treatments and procedures
3. Patients are identified before any diagnostic Procedures

HOW ?

FULL NAME

UHID(Unique hospital identification number)



WHY ?

IPD CHECKLIST

Correct documentation	• Every patient file has correct patient label • The blood and blood product transfusion record is complete • The blood & blood products transfusion record is countersigned by Doctor & TL/Head nurse • Barcode is placed over vacutainer/container before collecting sample (if sample collection is being done) • The high alert medications in MAR are countersigned by TL • There are no wrong reports filed in the patient file. (check patient details on all reports and match with patient UHID)
Observation check	• Does the patient have ID band on the wrist • The ID band is clean & information is clear • The patient details are same after verification from the admission sheet/Billing Sheet.
Situation observation	• Did nurse verified by asking your full name & checked the wrist ID/UHID before: a. administering medication b. administering blood/blood product c. nursing procedure (cannulation, suction, dressing change,etc) d. bedside procedure e. collecting sample f. transferring to another unit g. providing restricted diet? (If patient is on restricted diet)
Staff knowledge	• Which are two patient identifiers? • what is the colour of ID band for IPD and day-care patients? • Which colour ID band is used for patients of Emergency, Endoscopy and Dialysis? • Why UHID is used as one of patient identifier? • When should you use the two patient identifiers? • Can you identify the patient using room no. & location?

AUDIT, PLAN AND IMPLEMENT COMPLIANCE TO FACILITY SAFETY

OBJECTIVES

- To identify problem areas in facility safety
- To plan and implement compliance to facility safety

METHODOLOGY

- The poster is based on descriptive study conducted at IPD . Primary data collection is done through obser -vation check

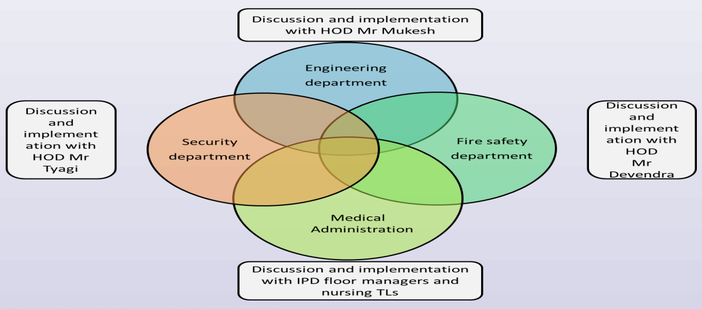
SNAPSHOT OF PROJECT

IPD CHECKLIST

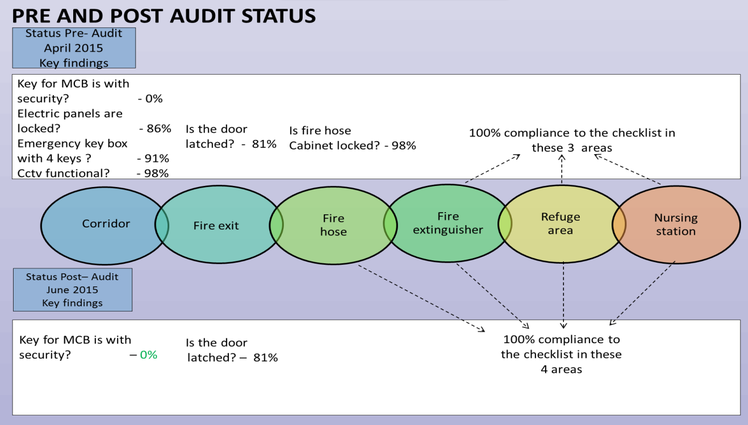
Corridors	Nursing station	Fire exit	Fire extinguisher	Fire hose	Refuge Area
• All electrical panels are covered. • Electric panels are locked. • Key with security for MCB. • Smoke detector light blinks every seven seconds. • CCTV functional. • Emergency key box is present with 4 keys.	• Signage 6666 is pasted properly. • Glow fire exit signage is available • Patient board having list of patient on oxygen. • Evacuation plan is pasted appropriately. • Sprinklers are obstruction free. • Smoke detector light blinks every seven seconds.	• Signage is present • Door is latched properly • Exit way clear • Fire exit sounder is properly installed & not having loose wire	• Date of refilling/ checking written. • Next checking due date written. • Fire exit usage poster is available next to it.	• Cabinet locked • Key with security • Fire hose poster (PORTS) is available next to it.	• Signage is present ? • Is it locked ? • Keys is with security ?

FINDINGS

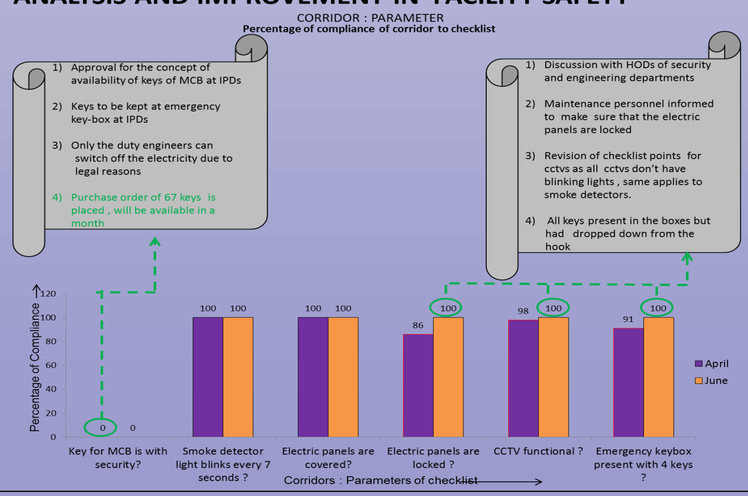
ACTION PLAN



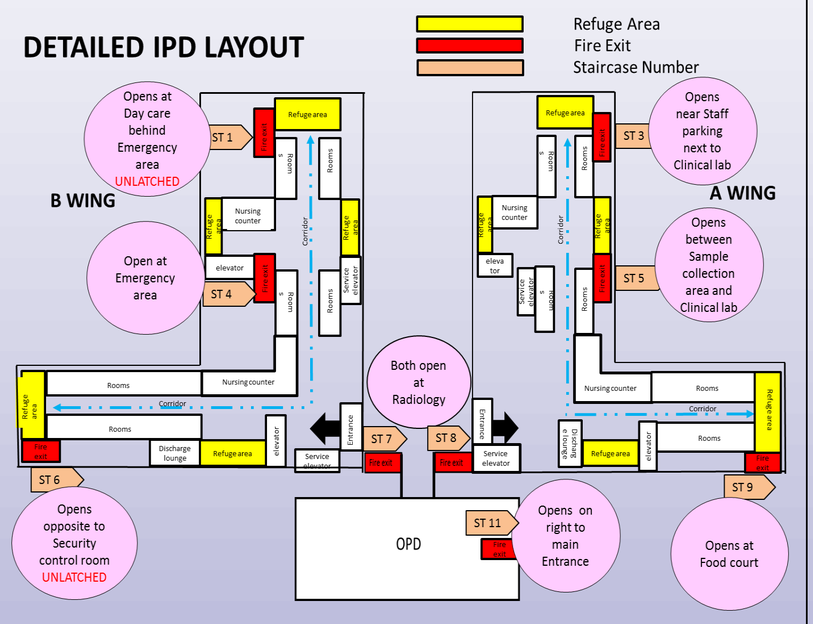
PRE AND POST AUDIT STATUS



ANALYSIS AND IMPROVEMENT IN FACILITY SAFETY



DETAILED IPD LAYOUT



RECOMMENDATIONS

- Regular awareness drive for maintenance personnel
- Frequent audits
- Entry of doctors through access cards in unlatched fire exits

CONCLUSION

Coordinated actions of security, fire safety, engineering and administrative departments with regular training of personnel involved can lead to improved facility safety

PRESENTED BY - NAMRATA GUPTA

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