A STUDY OF COMPLIANCE TO THE INTERNATIONAL PATIENT SAFETY GOALS AT A TERTIARY CARE HOSPITAL IN JAMMU

Dissertation submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Namrata Kotwal

under the supervision and guidance of

Prof. Nutan Jain

DECLARATION BY STUDENT

I hereby declare that this dissertation titled A STUDY OF COMPLIANCE TO THE INTERNATIONAL PATIENT SAFETY GOALS AT A TERTIARY CARE HOSPITAL IN JAMMU is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

NAMRATA KOTWAL

Date 27th May'23

Shri Mata Vaishno Devi Narayana Superspeciality Hospital

Managed by Narayana Health

NH/SMVDNH/Intern/2023-24

Date: May 27th, 2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Namrata Kotwal** D/o **Mr. Pushp Kumar Kotwal** student of **Institute of Health Management Research; Jaipur** has successfully completed her internship in the **Department** of **Quality** from **08th March 2023** to **27th May 2023.**

During her internship period, she has met the expectation of the organization.

We wish her all the best for her future endeavors.

For **Shri Mata vaishno Devi Narayana Superspecialty Hospital**

Authorized Signatory
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This is to certify that dissertation titled A STUDY OF COMPLIANCE TO THE INTERNATIONAL PATIENT SAFETY GOALS AT A TERTIARY CARE HOSPITAL IN JAMMU is a record of the research work undertaken by Namrata kotwal in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

TITLE- A STUDY OF COMPLIANCE TO THE INTERNATIONAL PATIENT SAFETY GOALS AT A TERTIARY CARE HOSPITAL IN JAMMU.

AUTHOR- Dr. Namrata Kotwal

ADVISOR- Dr. Nutan Jain

BACKGROUND- Every healthcare organisation that strives to provide safe treatment with a high level of quality based on the expectations of the general population must address the core challenges of patient safety and care quality. The cornerstone of excellent patient care is patient safety. Patient safety may be the most important aspect of care because of the unsettling fact that healthcare may both cure and hurt us. Effectiveness, accessibility to care, promptness, and the other aspect of quality are all significant factors. (1) One of the most important factors to consider for the healthcare delivery system is patient safety. As a result, healthcare organisations implement several programmes to track their services, including patient safety objectives to attain a high patient satisfaction rate. One of these programmes is called accreditation.

OBJECTIVES- The objectives of the study include-

To assess the compliance of IPSG goals 1, 2 and 6.

To suggest ways to improve the quality of care.

METHODOLOGY: It was an observational study.

Study duration was three months from 1st March to 22nd May 2023.

The tool used for this study was check list. Separate checklist for each IPSG was prepared.

Method of Sampling: Stratified Sampling.

KEY RESULTS

Critical value was informed from the lab, but the staff didn't document on the ward register.

Fall risk assessment was not done on time/ Morning shift.

CONCLUSION

Patient safety goals are of the most important foundations of clinical practice, especially in critical care units; therefore, focusing on teaching these goals during the orientation programs of newly hired nurses and requiring new nurses to pass a post-test covering the IPSGs is of vital importance. Increasing emphasis must be placed on providing continuing education programs, courses, and workshops to teach the IPSGs to staff members at hospitals, especially among nursing staff. Finally, the extent of healthcare providers‟ commitments to the implementation of the IPSGs standards in hospital should be evaluated

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Dr. Namrata kotwal

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LIST OF ABBREVIATIONS

BMW	Biomedical waste management
HK	Housekeeping staff
ISBAR	Introduction Situation Background Assessment Recommendation
JACHO	Joint Commission on Accreditation of healthcare organization
JCI	Joint Commission International
LASA	Look-Alike and Sound-Alike drugs
LA	Local Anesthesia
MRN	Medical Record Number
NABH	National Accreditation Board for hospital & Health care Providers
POCT	Point of care testing
SMVDN	Shri Mata Vaishno Devi Narayana Super Speciality Hospital
SSC	Surgical safety checklist
TAT	Turn Around Time
WHO	World Health Organization

CHAPTER-1 **INTRODUCTION**

INTERNATIONAL PATIENT SAFETY GOALS

Every healthcare organisation that strives to provide safe treatment with a high level of quality based on the expectations of the general population must address the core challenges of patient safety and care quality. The cornerstone of excellent patient care is patient safety. Patient safety may be the most important aspect of care because of the unsettling fact that healthcare may both cure and hurt us. Effectiveness, accessibility to care, promptness, and the other aspect of quality are all significant factors. (1) One of the most important factors to consider for the healthcare delivery system is patient safety. As a result, healthcare organisations implement several programmes to track their services, including patient safety objectives to attain a high patient satisfaction rate. One of these programmes is called accreditation.

The simplest definition of patient safety is the avoidance, prevention, and amelioration of negative outcomes or injuries. In some of the most difficult areas of patient safety, the International Patient Safety Goals assist recognised organisations in addressing specific areas of concern. Creating cultures, processes, procedures, behaviours, technologies, and environments in the healthcare industry that consistently and sustainably lower risks, decrease the likelihood of error, and lessen the impact of harm when it does occur is what is meant by patient safety.

IPSG (International Patient Safety Goals) speaks for itself i.e., improving the safety of patients in hospitals. This is one of the key standards to be met by the hospital to get certified by the Joint Commission International (JCI).

Joint Commission International and the World Health Organization (WHO) are working together to promote the six international patient safety goals listed below to raise awareness of these goals and guarantee safe delivery of care.

- **IPSG Goal One:** Identify Patients Correctly
- **IPSG Goal Two:** Improve Effective Communication
- **IPSG Goal Three:** Improve the safety of High alert Medication.
- **IPSG Goal Four:** Ensure correct site, correct procedure, and Correct patient surgery.
- **IPSG Goal Five:** Reduce the risk of Health Care-Associated Infection
- **IPSG Goal Six:** Reduce the risk of patient harm resulting from fall

Patient safety is a global issue that calls for expertise in a variety of fields, including systems engineering and human aspects. The World Health Organisation has recognised the importance of patient safety.

Patient safety is a global issue that calls for expertise and knowledge in a variety of fields, including the human component. The WHO established the World Alliance for Patient Safety in 2004. The world alliance for patient safety has focused on the following patient safety issues: hand hygiene, surgical safety, preventing healthcare-associated infections, and patient participation. The six International Patient Safety Goals are collaboratively promoted by Joint Commission International and the WHO to raise awareness of them and guarantee the provision of care.

Overview of the SMVDN Hospital

A hospital in Jammu & Kashmir with NABH accreditation is SMVDN Super Speciality Hospital. It was opened on Tuesday, April 19, 2016, at Kakaryal, a village in Jammu close to Katra, by the Hon. Prime Minister of India, Shri Narendra Modi.

In collaboration with the Shri Mata Vaishno Devi Shrine Board, this state-of-the-art tertiary care super speciality hospital provides care to patients in more than 20 different specialties, with a particular emphasis on cardiology and cardio-vascular surgery, medical and surgical gastroenterology, orthopaedics and joint replacement, and renal sciences.

The people of Jammu and Kashmir can receive the high-quality, reasonably priced care that Narayana Health is known for at SMVDN Hospital.

IPSG Goal One: Identify Patients Correctly: The hospital develops and implement a process to improve accuracy of Patient Identification. Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented, or not fully alert; may change beds, rooms, or locations within the hospital; may have sensory disabilities; or may be subject to other situations that may lead to errors in correct identification. The intent of this goal is twofold: first,

to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

- First, to identify the individual as the person for whom the service or treatment is intended.
- Second, to match the service or treatment to that individual. Patients must be identified using "two unique identifiers' i.e**., full name and MRN (Medical record Number).**

Always ask the **patients/guardian/parent to verbalize patients name whenever possible.**

- Before **administering medications, blood or blood products.**
- Before **taking blood other specimens for clinical testing**
- Before **providing treatment and procedure**
- **Policies and procedures support consistent practice in all situation and locations.**

Measurable elements of IPSG 1

- Patients are identified using two patient identifiers, not including the use of the patient's room number or locations.
- 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.
- Policies and procedures support consistent practice in all situations and locations. (27)

IPSG Goal Two: Improve Effective Communication: The hospital develops and implements a process to improve the effectiveness of Verbal and or telephonic Communication among caregivers. 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. The most error-prone communications are patient care orders given verbally and those given over the telephone, when permitted under local laws and regulations. Another error-prone communication is the report back of critical test results, such as the clinical laboratory telephoning the patient care unit to report the results of a STAT test.

- Verbal medications orders are reserved for emergency only.
- When receiving a medication telephone order from physicians
- Nurse A writes the order in the physician order sheet

- Nurse B will read back the order written by Nurse A to the physicians.
- The prescriber will verify the order to correct to Nurse B
- Both Nurse A and B must document the date and time the order was received, Badge number of the prescriber and their own name, job and both must sign the order sheet.

The Hospital develops and implements a process for reporting critical result of diagnostic test.

- The technologist/ reporter will provide the report to the receiver (requesting physician/ ward nurse)
- The receiver will document (hand write) the critical result.
- The receiver (or another person could be another nurse) will read back the information provided, including the patient's MRN and name to the reporter.
- The technologist/ reporter will verify the information is correct.
- Both the reporter and the receiver must document the read back verification procedure was carried out, date and time of the report was received, badge number of the person providing/receiving the report.

The hospital develops and process for handover communication.

- Handover of patient care
- During shift changes
- Between different level of care (general ward to critical care)

<u>Measurable elements of IPSG 2</u>

The recipient of the order or test result records the entire oral and telephone order or test result in writing.

• The recipient of the order or test result reads back the entirety of the verbal and telephone order or test result.

• The person who provided the order or test result confirms the order or test result.

Consistent practise in assessing the accuracy of oral and telephone communication is supported by policies and procedures.

IPSG Goal Six: Reduce the Risk of Patient Harm resulting from Fall: The problem of falls in the acute care context could be considerably impacted by compliance with these aims. The successful implementation of fall-prevention programmes will be required to address the issue. Efforts to improve the quality of care in the long-term care setting through improved reporting have the potential to reduce falls and related injuries in these particularly vulnerable patients. Fall risk is influenced by the patient, the circumstance, and/or the environment. Patients may be at risk for falling, using drugs, drinking alcohol, having balance or gait issues, having visual impairments, having changed mental status, and other things. On the basis of pertinent rules and/or processes, the organisation develops a fall-risk reduction programme.

Measurable element of IPSG 6

• The organisation employs a process for the initial evaluation of patients' fall risk and for revaluating patients when prompted by, among other things, a change in condition or medication.

• For people identified as being at risk, measures are put in place to lower the chance of falling.

• Results of measures, including successful fall injury reduction and any unexpected, linked impacts, are tracked.

• Policies and/or procedures assist the organization's ongoing reduction of the risk of patient harm brought on by falls.

Aim

The study aims at improving quality of care at SMVDNS Hospital Katra, Jammu**.**

Objectives of the study

- To assess the compliance of IPSG goals 1, 2 and 6.
- To suggest ways to improve the quality of care.

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CHAPTER 2- REVIEW OF LITERATURE

TITLE AND YEAR	AUTHOR	OBJECTIVES	**METHODOLOGY**	KEY RESULTS	REFERENCES
A Study on adherence to international patient safety goals in a tertiary care cardiac centre in India 2019	Ananya R, Kamath S., Pati A, Sharma	to evaluate how well paramedical and medical workers adhere to international patient goal of patient safety.	Cross sectional study. Healthcare professionals who work directly with patients were the focus. Standardised checklist was used.	Doctors had the Highest overall compliance followed by nurses and paramedics.	Ananya R, Kamath S, Pati A, Sharma A, Raj A, Soman B, Kamath R. A study on adherence to international patient safety goals in a tertiary care cardiac centre in India. Medico-Legal Update. 2019 Jul 1;19(2):211-5.
Residents' awareness about international patient safety goals	Jamal A omer and colleagues 2018	To assess the awareness of the residents and understanding of the six international patient safety goals as per JCIA standards.	Cross sectional study	Upto 90% of the residents are aware of the IPSGs with different scoring in each goal.	Omer JA, Al-Rehaili OA, Al-Johani H, Alshahrani D. Residents' Awareness about International Patient Safety Goals, Cross Sectional Study. Arch Pediatr JPED-139. DOI. 2018;10.
Quality of care and patients' safety awareness and compliance among nurses 2018	Papathanassoglou and Ying 2015	To identify the level of knowledge among critical care nurses at Qassim	Cross sectional study	Critical care nurses have a generally high level of IPSGs knowledge. Highest mean of	www.iosrjournals.org

		National hospital in Saudi Arabia		knowledge mean scores among 6 IPSGs was identified for IPSG 3.	
Risk Factors for Falls in Hospital In-Patients: A Prospective Nested Case Control Study	Zhila Najapour	to investigate the associations between risk factors among fallers in comparison with the control group.	Case control study This study was conducted in a university educational hospital in Tehran with 800 beds during a 9-month period.	The factors that were significantly associated with an increased risk of patient falls included: longer length of stay , using chemotherapy drugs, sedatives, anticonvulsants, benzodiazepines, and angiotensin-converting enzyme (ACE) inhibitors , and cancer. These factors were found to be associating with more odds for a falling accident among patients.	Awareness about International Patient Safety Goals, Cross Sectional Study. Arch Pediatr JPED-139. DOI. 2018;10

CHAPTER-3 METHODOLOGY

3.1 Study design: It was a observational study. Patients were followed over time and the data about them was collected.

3.2 Study duration: Study duration was three months from 1st March to 22nd May 2023.

3.3 Study tool: The tool used for this study was check list. Separate checklist for each IPSG was prepared. Checklist comprises of measuring element, compliance score, achieved score and expected score, compliance percentage. The checklist was carefully structured and simply designed to ensure easy answering. Checklist was made for conducting gap analysis against each standard.

3.4 Method of Sampling: Categorised the patient files by different units like MICU, SICU, CCU, IPD to record the information on the measuring indicators.

3.5 Sample size:

Table 3.5.1: Sample size by units

UNIT	IPSG1	IPSG2	IPSG6
MICU	300	100	50
SICU	300	100	50
CCU	400	100	25
IPD	400	100	25
TOTAL	1400	400	300

3.6 Data collection: The Checklists were used to examine the data. The procedure incudes checklist for IPSG goals-1,2 and 6 and correlating the values with the patients' file.

3.7 Data Analysis: Proportion was calculated to measure the compliances. Analysis was based on availability of policy/procedures, documentation, implementation, and awareness of the staff. Non availability of policy and procedures is considered as a non-compliance. And if an existing SOP is implemented with proper documentation and awareness of staff, it is considered as full compliance. Non compliances were observed, and the data is entered. Entering the data in the Oditly application of the hospital and analysing the data through the graphs. MS excel was used for statistical analysis.

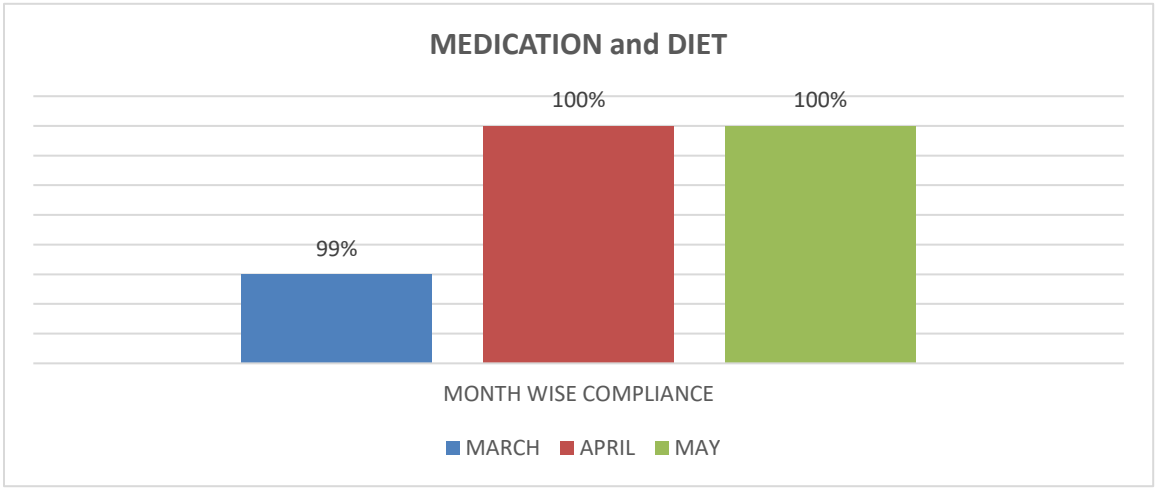
CHAPTER 4 – RESULTS AND DISCUSSIONS

IPSG 1 IDENTIFY PATIENTS CORRECTLY

For IPSG 1 nine separate checklists were used- medication, diet, formula feed, sample collection, blood transfusion, expressed milk, cross referral, triage and OPD/ Diagnostics.

During the three months study no variation was observed in formula feed, blood transfusion, cross referral, expressed milk, triage and OPD/Diagnostics and these parameters were going smoothly in the hospital and no non-compliances were observed.

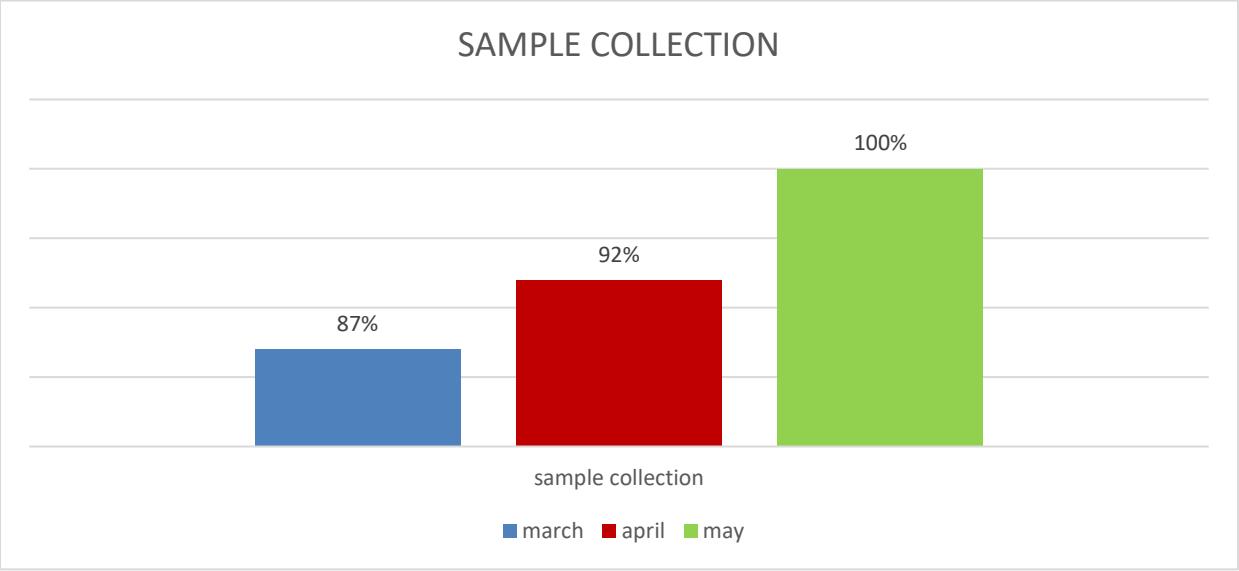
Fig 4.1: Per cent compliance IPSG 1: Medication and Diet



It was observed that in the month of March ID band was not having patient's full name written on medication. MRN was not mentioned on patients' meals/snacks. But in last two months it has achieved 100 per cent compliance.

The noncompliance was observed in the sample collection container labelled with patient name and MRN before sample collection.

Fig 4.2: Per cent compliance IPSG 1: Sample Collection

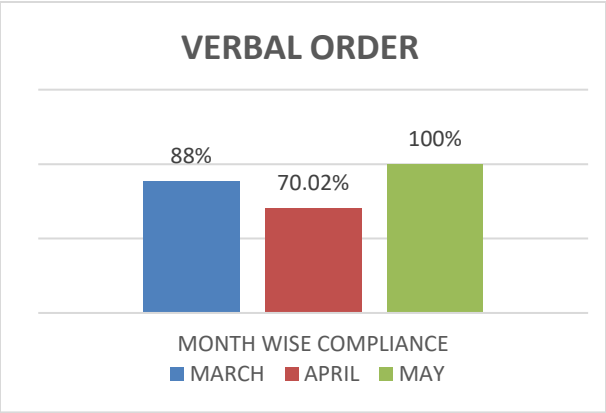


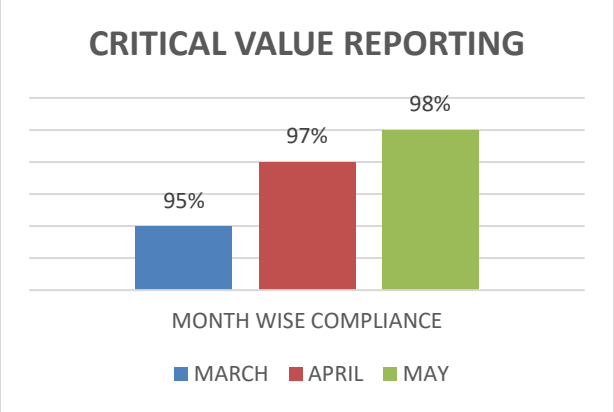
The parameters have shown continuous improvement as we guided the staff during the three months and gave them knowledge regarding the importance of labelling container with patient's name and MRN before putting the sample in it so that the sample does not misplace, and we can provide quality care to the patient.

IPSG-2 IMPROVE EFFECTIVE COMMUNICATION

It comprises of 3 three checklists – critical value reporting, verbal order and handover communication.

FIG 4.3 Percentage compliance of the three months for IPSG-2: Verbal Order and Critical value reporting





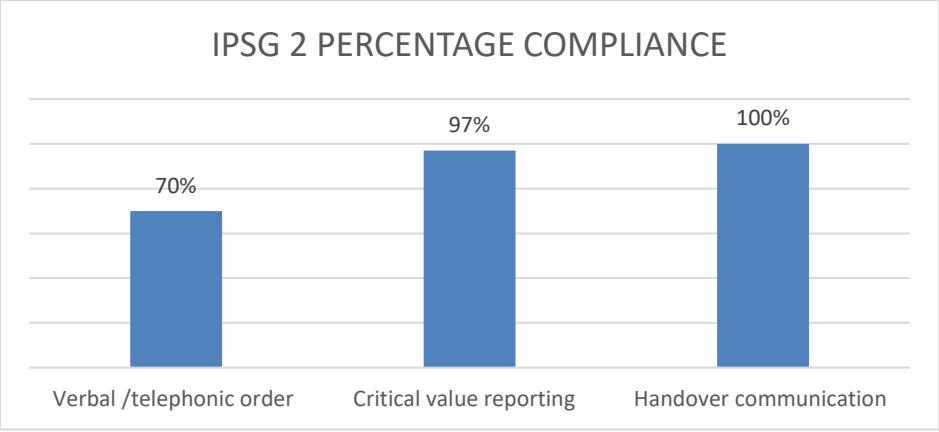
The noncompliance observed was verbal orders were not countersigned within 24 hours and documentation of all parameters of verbal sheet / medical record. It has shown improvement in the month of May. In the month of April, the core staff was on leave and it has reflected in the non-compliance of the verbal order due to lack of supervision.

In critical value reporting continuous improvement was made after creating awareness among the staff members and guiding them regarding the IPSG.

No variation was observed in handover communication during the three months study.

The Fig # shows the three months average percentage compliance for IPSG-2- verbal communication, critical value reporting and handover communication.

Fig 4.4



The IPSG 2 non-compliance parameters were as follows:

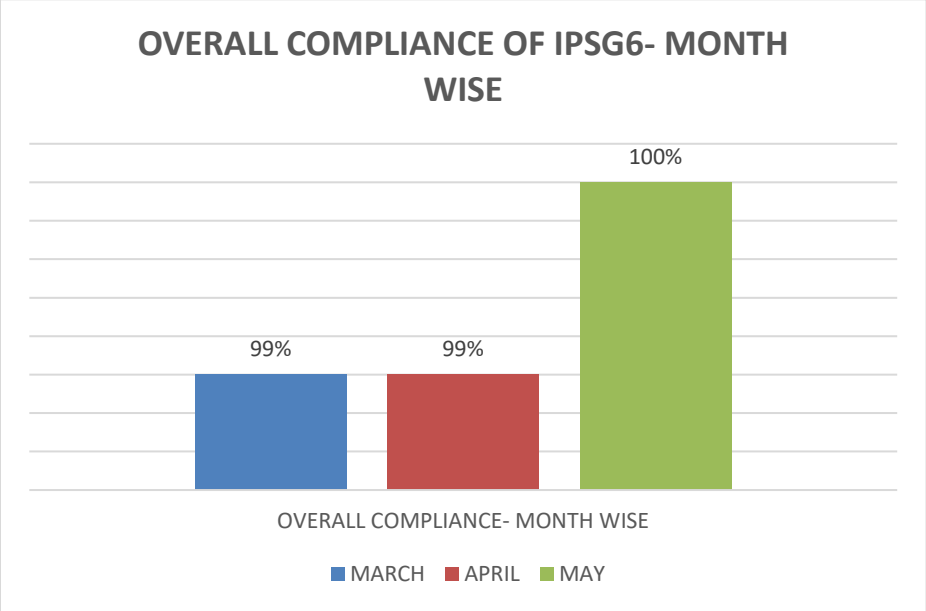
- Critical value was informed from the lab, but the staff didn't document on the ward register.
- Most of the times critical value was not mentioned on register as well as on patient's file.
- Critical value was not written properly and was illegible.
- Critical value was not written in register but was written in patient's file.

IPSG 6- REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS

Fall risk assessment form was being used in the hospital for the assessment of the fall risk. Patient safety round form was also used to prevent any kind of fall.

It was observed that morning fall and risk assessment was not done in patients files but got improved in the month of May. Date and time were not mentioned in patients' file. Fall risk assessment was not done on time/ Morning shift.

Fig 4.5- Percentage compliance about reducing the risk of patient harm resulting from fall



With regard to the IPSG 1, the highest compliance was observed in the Month of May i.e., 97% and the lowest compliance was observed in the Month of March i.e., 92%. Monthly audit for the diet was conducted by the researcher and the nursing educator. The reason for the noncompliance was that MRN was not mentioned on the serving plate.

For IPSG 2: Improving effective communication.

For analysing the Goal 2nd three checklists was used for analysing the compliance.

1. Verbal/ telephonic communication
2. Critical alert reporting

3. Handover communication

With respect to giving verbal order, doctor have not shown satisfactory compliance. Consultant does not countersign the verbal order sheet in 24 hours, which was the major non-compliance. To solve this problem, verbal form was implemented. Regular training was provided to the medical officer by quality manager. Regular audit was conducted to increase the compliance of verbal order.

However, no variation was observed in handover communication.

In critical value reporting continuous improvement was made after creating awareness among the staff members and guiding them regarding the IPSG. The reason for the noncompliance was the non-documentation of critical value in the department's register and in patient's file. After inspection, the department maintained the register.

For IPSG 6: Patient falling is the most common patient safety incident reported. Prevention of patient falls during their stay is an important aspect to be taken care of and hence gave birth to goal 6 of IPSG which is about fall risk assessment, reassessment and measures taken to prevent fall of patients. It showed satisfactory compliance. Fall risk assessment form was being used in the hospital for the assessment of the fall risk. Patient safety round form was also used to prevent any kind of fall.

Chapter 6 - CONCLUSION

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- Lack of proper guidance and staff training causes gaps in the quality care of patients. In IPSG-2 reasons for the percentage compliance of 70% for verbal order were due to lack of staff training, their knowledge regarding the 6 international patient safety goals, verbal order form was not attached in patient's files and in IPSG 2 97% of Critical value reporting was monitored accurately but approx. 3% of the critical value reporting of the patients were missing/was not mentioned due to negligence of the staff, human errors, and communication gap.
- Despite the data's ability to describe compliance as good, hospitals must always work to make improvements. The cause of staff members' non-compliance with the goals was identified to be either a lack of expertise or an excessive workload that makes implementation difficult, or occasionally a mix of the two. The main ways to increase staff knowledge of IPSGs in healthcare settings are through ongoing staff education and training. This study adds to the body of knowledge addressing people's understanding of and commitment to using IPSGs. The findings of this study can be utilised as a guide when creating educational initiatives that emphasise IPSGs in SMVDNH to fill in any gaps. The outcomes might also be utilised to develop an integrated protocol for the implementation of IPSG goals.Focusing on teaching these goals during new nurse orientation programmes and requiring new nurses to pass a post-test covering the IPSGs are crucial because patient safety goals are among the most crucial clinical practise foundations, particularly in critical care units. The need of offering continuing education courses, workshops, and programmes to hospital staff—especially to the nursing staff—must be emphasised more and more. Finally, it is important to assess how committed healthcare professionals are to implementing the IPSGs requirements in hospitals.

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Annexure

ANNEXURE- 1

IPSG 1 audit Checklist (Medication Process)

Department	Sub Department	Area/ Speciality of Audit	Question Text

IPSG-1	GENERAL.		Speciality of Audit
IPSG-1	GENERAL.		Check for availability of policy on Correct Patient Identification - IPSG 1.
IPSG-1	GENERAL.		Check for Staff Awareness on policy
IPSG-1	IPSG 1 MEDICATION PROCESS		Is the patient wearing ID Band?
IPSG-1	IPSG 1 MEDICATION PROCESS		Does the ID Band have patients full name and MRN?
IPSG-1	IPSG 1 MEDICATION PROCESS		Were two identifiers checked before medication administration?

IPSG 1 audit Checklist (Sample collection)

Department	Sub Department	Area/speciality of Audit	Question Text
IPSG-1	GENERAL.		Speciality of Audit
IPSG-1	GENERAL.		Check for availability of policy on Correct Patient Identification - IPSG 1.
IPSG-1	GENERAL.		Check for Staff Awareness on policy
IPSG-1	IPSG 1 SAMPLE COLLECTION		Is the patient wearing ID Band?
IPSG-1	IPSG 1 SAMPLE COLLECTION		Is sample collection container labelled with patient's full name and MRN before sample collection?

IPSG-1	IPSG 1 SAMPLE COLLECTION		Were two identifiers checked before sample collection?

IPSG 1 audit Checklist (DIET)

Department	Sub Department	Area of Audit	Question Text
IPSG-1	GENERAL.		Speciality of Audit
IPSG-1	GENERAL.		Check for availability of policy on Correct Patient Identification - IPSG 1.
IPSG-1	GENERAL.		Check for Staff Awareness on policy
IPSG-1	IPSG 1 DIET		Does the patient's food tray have appropriate label for patient identification?
IPSG-1	IPSG 1 DIET		Are the two identifiers used for the process for Serving diet / food?

IPSG 1 audit Checklist (BLOOD TRANSFUSION)

Department	Sub Department	Area of Audit	Question Text
IPSG-1	GENERAL.		Speciality of Audit
IPSG-1	GENERAL.		Check for availability of policy on Correct Patient Identification - IPSG 1.
IPSG-1	GENERAL.		Check for Staff Awareness on policy
IPSG-1	IPSG 1 BLOOD TRANSFUSION		Is the patient wearing ID Band?
IPSG-1	IPSG 1 BLOOD TRANSFUSION		Does ID Band have patients full name and MRN?
IPSG-1	IPSG 1 BLOOD TRANSFUSION		Are the two identifiers used for the process for Blood transfusion?

IPSG 1 audit Checklist (TRIAGE/ EMERGENCY)

Department	Sub Department	Area of Audit	Question Text
IPSG-1	GENERAL.		Speciality of Audit
IPSG-1	GENERAL.		Check for availability of policy on Correct Patient Identification - IPSG 1.
IPSG-1	GENERAL.		Check for Staff Awareness on policy
IPSG-1	IPSG 1 TRIAGE/EMERGENCY		Is the patient wearing ID Band?
IPSG-1	IPSG 1 TRIAGE/EMERGENCY		Does ID Band have patients full name and MRN?
IPSG-1	IPSG 1 TRIAGE/EMERGENCY		Are two identifiers used for patient identification before any process in Triage / Emergency

.

ANNEXURE -2

IPSG 2 audit Checklist (VERBAL AND TELEPHONIC ORDER)

Department	Area/Speciality of Audit	Question Text
IPSG-2		Specialty of Audit
IPSG-2		Check for Availability of Policy - IPSG 2
IPSG-2		Check for Staff awareness regarding policy
IPSG-2		Write sample details (MRN/ Sample Number) for all sample taken
IPSG-2		Verbal order documentation in verbal order sheet / Medical record
IPSG-2		Documentation of all parameters of verbal order as defined
IPSG-2		Verbal orders are signed by the giver within 24 hours

IPSG 2 audit Checklist (CRITICAL ALERT REPORTING))

Sub Department	Area of Audit	Question Text
IPSG 2.1		Check for Availability of Policy - IPSG 2.1
IPSG 2.1		Check for Staff awareness regarding policy
IPSG 2.1		Check for process of Critical value reporting in all diagnostic area
IPSG 2.1		Check for availability of Critical value Register
IPSG 2.1		Reporting compliance of critical value - As per TAT defined in the policy for the Parameter

IPSG 2.1		Documentation of critical value in patient medical record
IPSG 2.1		Documentation of action taken in medical record for the critical value

IPSG 2 audit Checklist (HANDOVER COMMUNICATION)

Sub Department	Area/speciality of Audit	Question Text
IPSG 2.2		Specialty of Audit
IPSG 2.2		Check for Availability of Policy - IPSG 2.2
IPSG 2.2		Check for Staff awareness regarding policy
IPSG 2.2		Doctor Handover documentation during shift change
IPSG 2.2		Nurse Handover documentation during shift change
IPSG 2.2		Doctors' Handover documentation with Transfer within the hospital - different level of care with all parameter as per standard tool
IPSG 2.2		Nurses 'Handover documentation with Transfer within the hospital - different level of care with all parameter as per standard tool
IPSG 2.2		Handover documentation with Transfer within the hospital - diagnostic area with all parameter as per standard tool

ANNEXURE – 3

IPSG 6 audit Checklist

Department	Area/ Speciality of Audit	Question Text
IPSG-6		Speciality of Audit
IPSG-6		Write MRN of the sample audited in the comment section
IPSG-6		Check for Policy of IPSG 6
IPSG-6		Check for staff awareness regrading policy
IPSG-6		Check for usage of appropriate fall assessment scale (Paediatric & Adult)
IPSG-6		Fall risk assessment and risk score documented on admission.
IPSG-6		Fall Prevention intervention Implemented as per Risk category (Low/Medium/High)
IPSG-6		Ensure usage of well-fitting clothes to the patient
IPSG-6		Evaluation of Toileting needs of the patient
IPSG-6		Fall risk re-assessment done & documented (as per condition change)
IPSG-6		Fall risk re-assessment done & documented everyday/every shift (as per policy)
IPSG-6		Patient Educated on usage of call bell, safety belt, Hand bars, Grab bars
IPSG-6		Slide rails are up and bed breaks are on