

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



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INTERNATIONAL PATIENT SAFETY GOALS

- ▶ Joint Commission International and the World Health Organization 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

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 National hospital in Saudi Arabia	Cross sectional study	Critical care nurses have a generally high level of IPSGs knowledge. Highest mean of knowledge mean scores among 6 IPSGs was identified for IPSG 3.	www.iosrjournals.org
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

Aim and Objectives

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

Objectives

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

Methodology

Study design observational study.

Study duration: 1st March to 22nd May 2023

Study tool: Separate checklist for each IPSG was prepared. Checklist comprises of questions based on the different IPSGs.

Method of Sampling: Categorised the patients into different units where the patients were admitted-MICU, SICU, CCU, IPD and then collected the data daily for three months to record the information on the measuring indicators.

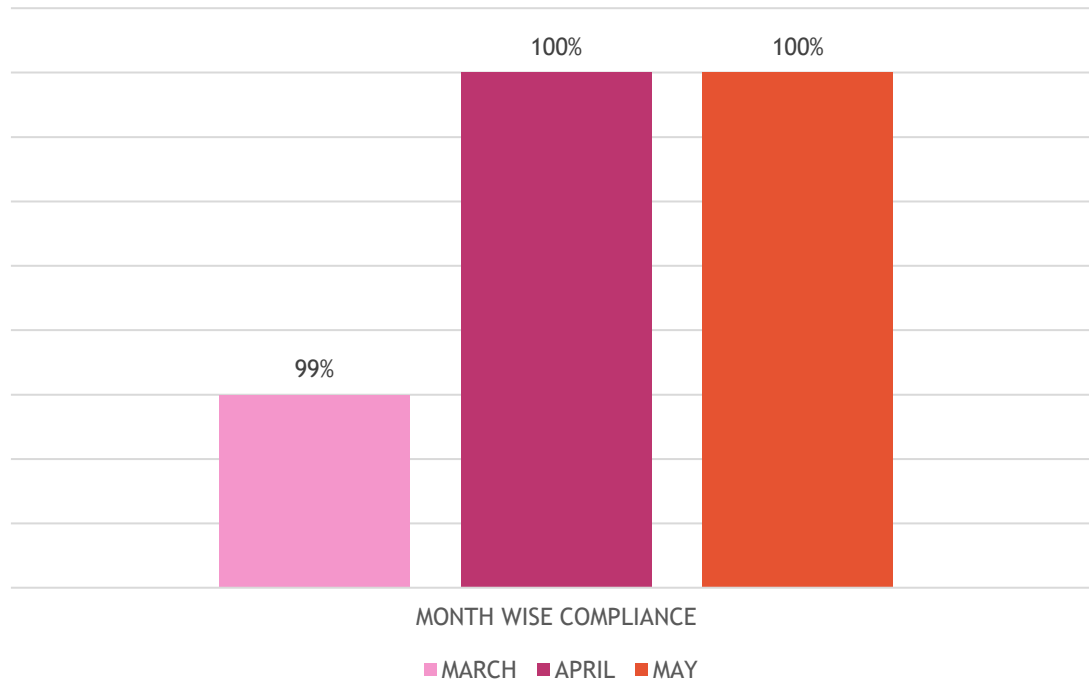
Data collection: The Checklists were used to examine the data. The procedure includes checklist for IPSG goals-1,2 and 6 and correlating the values with the patients' file

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

RESULTS AND DISCUSSION

► IPSG 1 IDENTIFY PATIENTS CORRECTLY

FIG 4.1 MEDICATION and DIET



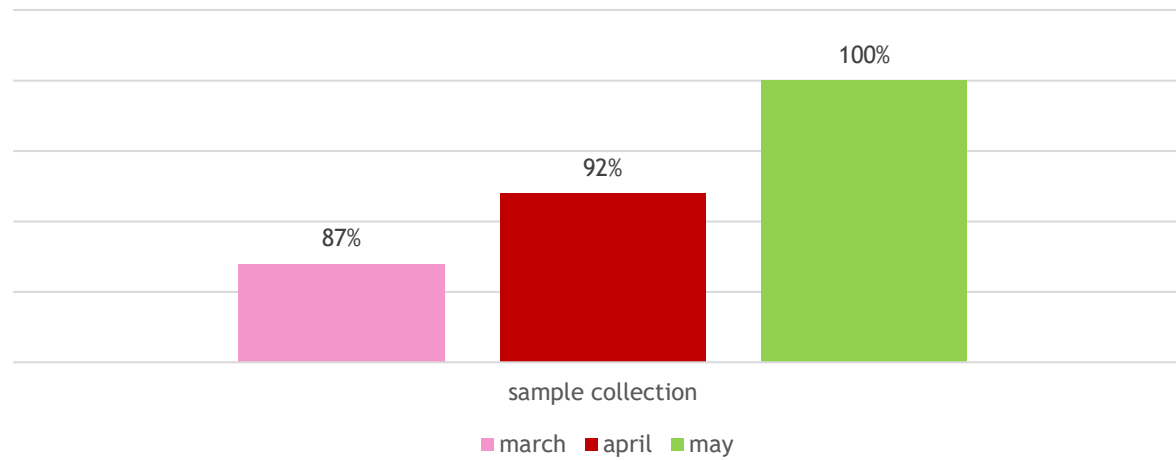
For IPSG 1 nine separate checklists were used- medication, diet, formula feed, sample collection, blood transfusion, expressed milk, cross referral, triage and OPD/ Diagnostics.

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.

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 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.

► IMPROVE EFFECTIVE COMMUNICATION

- It comprises of 3 three checklists – critical value reporting, verbal order and handover communication.
- Percentage compliance of the three months for IPSG-2: Verbal Order and Critical value reporting

FIG 4.3 VERBAL ORDER

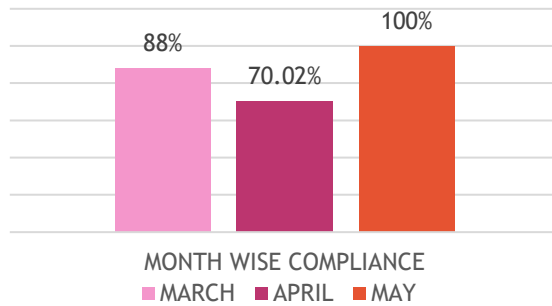
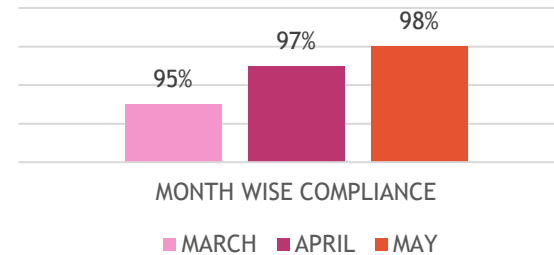


FIG 4.4 CRITICAL VALUE REPORTING



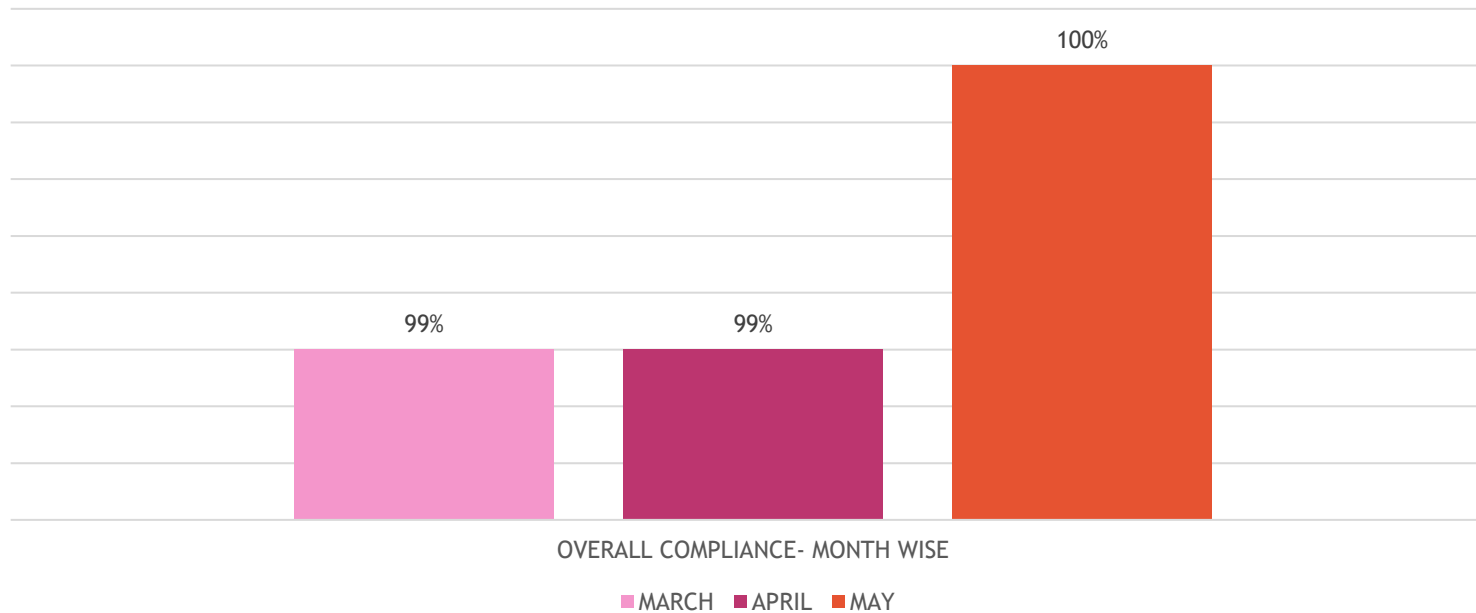
The noncompliance observed was verbal orders were not countersigned within 24 hours and documentation of all parameters of verbal sheet / medical record. It has shown improvement in the month of May. In the month of April, the core staff was on leave and it has reflected in the non-compliance of the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

► REDUCE THE RISK OF PATIENT HARM RESULTING FROM 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 OVERALL COMPLIANCE OF IPSG6- MONTH WISE



Conclusion

For IPSPG 1 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.

- ▶ For IPSPG 2 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.
- ▶ For IPSPG 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 IPSPG which is about fall risk assessment, reassessment and measures taken to prevent fall of patients.
- ▶ The hindering factors were lack of knowledge regarding the IPSPGs, lack of training among the hospital staff
- ▶ We can facilitate the process by providing educational programmes and workshops regarding the IPSPGs and to follow the international safety standards that are known to improve patient safety indicators. Focusing on teaching these goals during the orientation programmes of newly hired nurses and pass a post test covering the IPSPGs is of vital importance.

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