

Indoor patient care in Shalby Hospital a study

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Flow

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Introduction

- Significance of safe practices in patient care
 - Standardization of healthcare services
 - External accreditation systems
 - JCI
 - NABH
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Review of literature

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- Patient safety and standardized healthcare
- What is meant by patient safety
- Challenges in implementing the accreditation policies
- Role of doctors and nurses in implementation of NABH standards

Study Question

1. Is there compliance by the healthcare providers to NABH indicators related to admission of patients in ward ?
2. what are the most neglected safety aspects during indoor patient care?
3. What could be the possible reasons for non-compliance to the NABH indicators.

Study objective

- To find out about the status of compliance to NABH guidelines during documentation of admitted patient details.
- To find out the areas in healthcare where caregivers are the most negligent and to train them accordingly.
- To identify the areas where more chances of adverse events can take place in the ward in and to prevent them.

Research Methodology

- Study type – observational, cross-sectional and descriptive
- Sample size - 30
- Data collection plan- active audit of ward case files
- Parameters audited checklist
- Convenience sampling

Results



The consultants are not verifying the case files as per guidelines by putting their signature with date and time. At least one or the other required field was always missing.



The nurses are not verifying their observations 90% of time by putting their signature with employee .

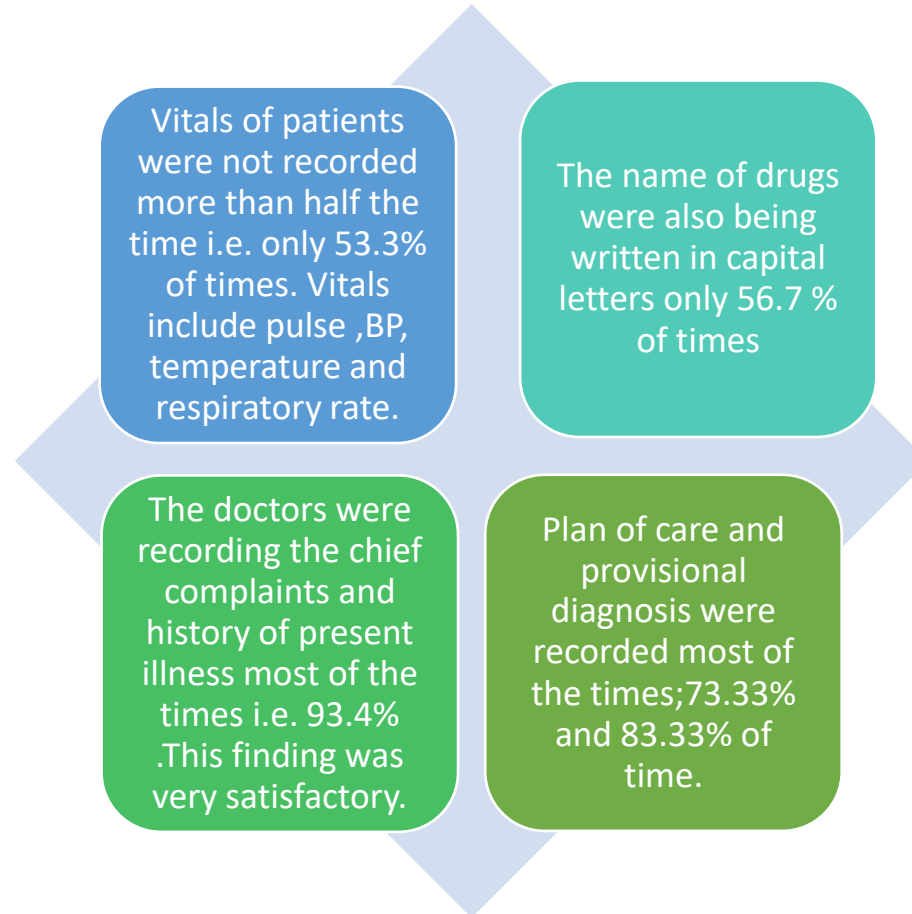


Consent for anaesthesia and surgical procedures are not taken 80% and 90% of times respectively.



Nutritional screening was done inadequately; only 36.7% of times.

Results



Discussion

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- The poor rate of compliance to NABH indicators could have serious implications on patient safety.
- Increased chances of adverse events
- Medicolegal impact of incomplete consent forms

conclusion

- The adherence to guidelines of NABH are partial in the hospital.
- The areas which fare worse than the others are verification of documents by doctors and nurses, filling of vitals, filling of nutritional screening advise, lack of capitalization of drug's names and filling of consent forms.
- This could have adverse effect on the patient safety practices.
- The improper documentation could also have medicolegal implications.
- There is need for regular training to the doctors and other health personal.
- The need for a quality team on a regular basis is highlighted.