

“A Study on adherence to International Patient Safety Goals with JCI Standards at a Super Speciality Tertiary Care Hospital in India”

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Approval OF Dissertation PPT and Final Report



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Dear Ms. Sonal

I went to your dissertation report, it looks fine to me.

Just correct my designation- Associate Professor

All the best

Thank you

With Regards,

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⏪ ∨ Reply all



BACKGROUND

- The healthcare system prioritizes **patient safety** by monitoring programs and implementing safety goals to prevent harm and ensure high patient satisfaction.
- One such program is **Accreditation**, which is an internationally recognized evaluation process for assessing and promoting patient care quality and efficiency, based on pre-defined standards in organizations or hospitals.
- External assessors assess the organization's adherence to standards and assign an accreditation score. **JCI (Joint Commission International)** is a global organization that sets healthcare standards through Total Quality Management in order to enhance quality and safety.

Joint Commission International's primary criterion is the International Patient Safety Goals (IPSGs), a set of guidelines designed to guarantee safe and quality patient care.

The International Patient Safety Goals (IPSGs) aim to improve global healthcare quality through accreditation and consultancy services, while promoting specific improvements in patient safety.

IPSG has six goals (JCIA, 7th Edition):

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

IPSG (SIX GOALS) :



✓ IDENTIFY PATIENTS CORRECTLY



✓ IMPROVE EFFECTIVE COMMUNICATION



✓ SAFETY OF HIGH RISK MEDICATION



✓ ENSURE SAFE SURGERY



✓ REDUCE RISK OF HAIs



✓ REDUCE RISK OF PATIENT HARM FROM FALL

REVIEW OF LITERATURE

- **The 2010 US Department of Health and Human Services report** revealed that annually, 1.8 million hospital patients die from infections, surgical errors, and medical complications.
- **The World Health Organization (WHO) reports** that in developed countries, one in ten patients experiences harm during hospital care, while developing countries face a 20 times higher risk of healthcare-related infections.
- **The WHA 55th Assembly discussed the report on Patient Safety**, urging Member States to focus on developing science-based systems for enhancing patient safety and healthcare quality. Errors in patient identification, medication, blood transfusion, testing, and surgical procedures, errors due to Look-Alike and Sound-Alike drugs. Hand hygiene and handwashing practices, not followed by healthcare staffs that can lead to Healthcare-Associated infections (HAIs), which can be fatal for patients.

RATIONALE OF THE STUDY

- The research intends to prioritize patient safety by integrating IPSPG's six essential principles among healthcare staff.
- It would reduce the chance of mistakes and assist patients reduce their healthcare burden, leading in better outcomes in quality patient care.
- The IPSPG study will be extremely beneficial in identifying the limits of healthcare professionals and how they might be addressed.
- The study will offer valuable insights into the challenges faced by healthcare staff in hospitals.
- The six IPSPG goals can significantly enhance patient satisfaction, emphasizing the global importance of quality and safety in healthcare treatment.

OBJECTIVES OF THE STUDY

Aim : The study evaluates the awareness and compliance of healthcare professionals in a tertiary care hospital with six IPSGs, as per JCI standards.

PRIMARY OBJECTIVES:

- i. To study compliance to correct patient identification.
- ii. To assess compliance to effective communication within hospital.
- iii. To study compliance to safety of high alert medications.
- iv. To study compliance to ensure patients safe surgery.
- v. To study compliance towards reducing risk of Health care associated infections.
- vi. To assess compliance of patients and other vulnerable patients towards prevention of falls.

SECONDARY OBJECTIVES:

- ✓ To **identify the gaps and issues** in all the processes and procedures that correspond to JCI standards for IPSG (International Patient Safety Goals) chapter.
- ✓ To represent proactive strategies reduce the risk of medical errors.
- ✓ To promote specific improvements and provide clear priorities and solutions for patient safety.

METHODOLOGY

- **Study Design:** Descriptive and Cross- sectional Study.
- **Study Area:** Super Specialty Tertiary Care Hospital with 450 bedded.
- **Study Population:** Healthcare professionals (Doctors, Nurses , Paramedical staffs) who are directly related to patient care.

a) Inclusion Criteria – The study involves Doctors, Nurses, and Paramedical staffs from a tertiary care super speciality hospital, who are directly involved in patient care in various settings.

b) Exclusion Criteria- The study excludes healthcare professionals not directly related to patient care and those who refused to participate.

Study Variable :

- Staff's IPSP Implementation
 - 1)Awareness of IPSP's importance among healthcare staffs.
 - 2)Compliance with JCI Standards.

METHODOLOGY

- **Timelines/ Study Period:** Study is conducted during the working hours of the personnel i.e. from 9 am in the morning till 6 pm in the evening for the period 3 months.
- **Study Procedure:**

First Part:

- A pre-post test assessment evaluated healthcare staff's awareness of IPSPG, using a MCQ questionnaire, containing 10 closed ended questions.

Second Part:

- The study also involved an audit of patient safety documentation to ensure staff compliance with IPSPGs that ensure patient safety.
- The checklist observations are compared to the existing policies. Any gaps or issues in processes and procedures related to JCI standards for IPSPG are identified. Suggestions for quality improvement are provided to the organization, and necessary corrective and preventive actions are implemented.

METHODOLOGY - SAMPLING

- **Sampling technique:**
 - Convenience Sampling Method was used to determine the number of Hospital staffs required for the IPSP Awareness study.
 - The Purposive Sampling Method was used to decide how many patient records will be audited in order to evaluate staff performance in relation to IPSP.
- **IPSP Audit Sample Size:**
 - i. 257 Hospital Staffs (directly involved in patient care and who agreed to participate)

Hospital Staff Category	Total No of Staffs	50 % of Total Staff under each group who agreed to participate
• Doctors	108	54
• Staff Nurse	268	134
• Paramedical Staff	138	69
ii. 450 patient records (Purposive Sampling)		
Total	514	257

Sources of data –It is a primary data collection study which involves the auditing, observation, and interviews of hospital staff directly involved in patient care, such as doctors, nurses, and paramedical staff.

Data collection study tools and techniques –

1. Pre and post-test questionnaires are created to assess healthcare staff's awareness of IPSPG guidelines. Doctors (sample size = 54), nurses (sample size = 134), and paramedical staff (sample size = 69) will be given IPSPG awareness questionnaires as part of the study.
2. Six structured checklists based on IPSPG criteria for auditing patient safety are developed. These checklists, provided as an annexure, are to be used during the audit. And, patient records (sample size = 450) will be audited for the assessment of staffs performance.

Scoring pattern for checklist: Compliance to the requirements(C) – 1 , Non-compliance to requirements (NC) – 0 .

Scoring pattern for questionnaire : Correct answer will mark “1” and wrong “0”

Data Analysis Tools- The data will be gathered from a validated questionnaire and six IPSPG audit checklists, entered into Microsoft Excel , descriptive data analysis will be done and data will be interpreted.

- **Ethical considerations** : The purpose of the study was explained to every participants. All data was gathered under the supervision of the quality department and in accordance with the ethics committee. It is assured that the study will have no effect on Patient treatment and cause no actual or potential harm to study sample .Since patient data being audited in the study is of routine in nature in the concerned setting and it not breach any patient confidentiality/ ethical parameters. Informed consent was obtained from every participants prior to data collection.
- **Limitations of the study**: Since there was no access to the BMT, due to critical undergoing procedures, data findings will be collected based purely on the interviews of the assigned healthcare staffs and from the patient record files.

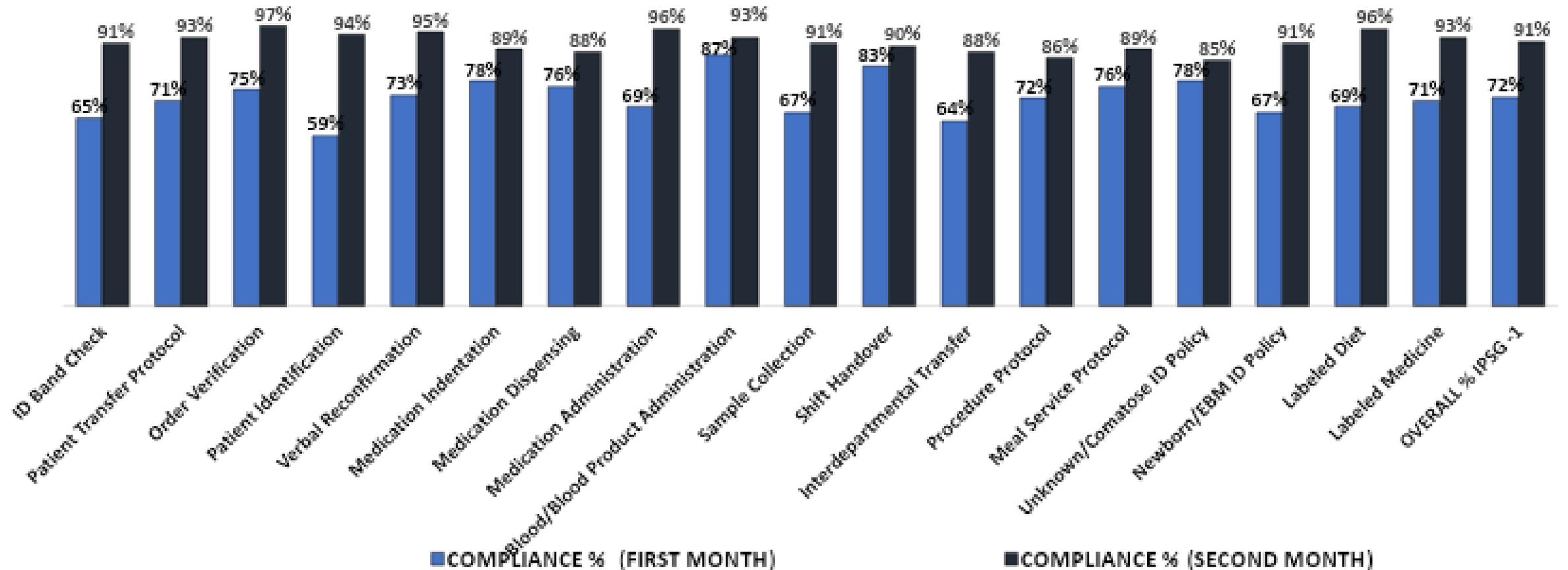
- **Expected outcomes:** Awareness and implementation into clinical setting should improved up to 90 % compliance at all the 6 IPSGs after the process of awareness program taken among all the hospital staff as per JCI norms.

Outcome variable:

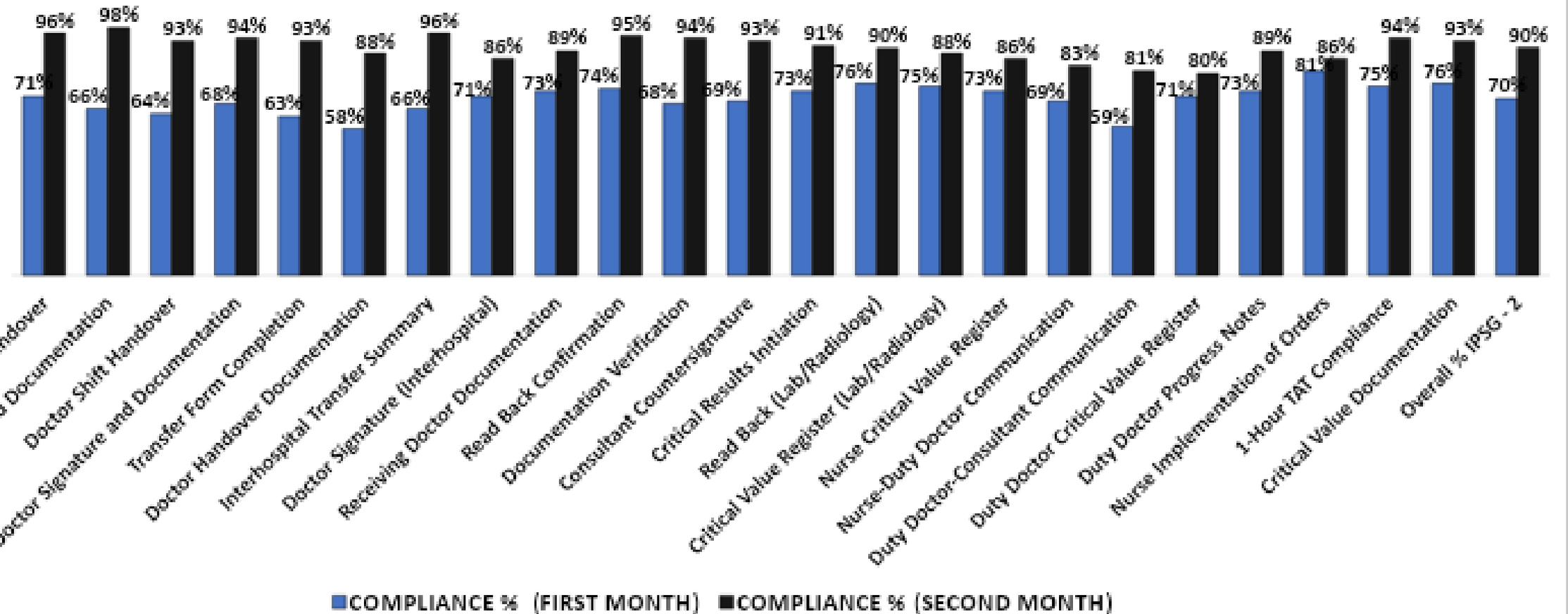
- Improved Quality and efficiency.
- Suggestion and recommendation for JCI Accreditation.
- It helps us in the preparation of accreditation process as experienced by tertiary super speciality hospital will help in significantly improved patient safety indicators and perception of hospital staffs is correlated with statistical findings.

RESULTS

IPSG-1 IDENTIFY PATIENTS CORRECTLY

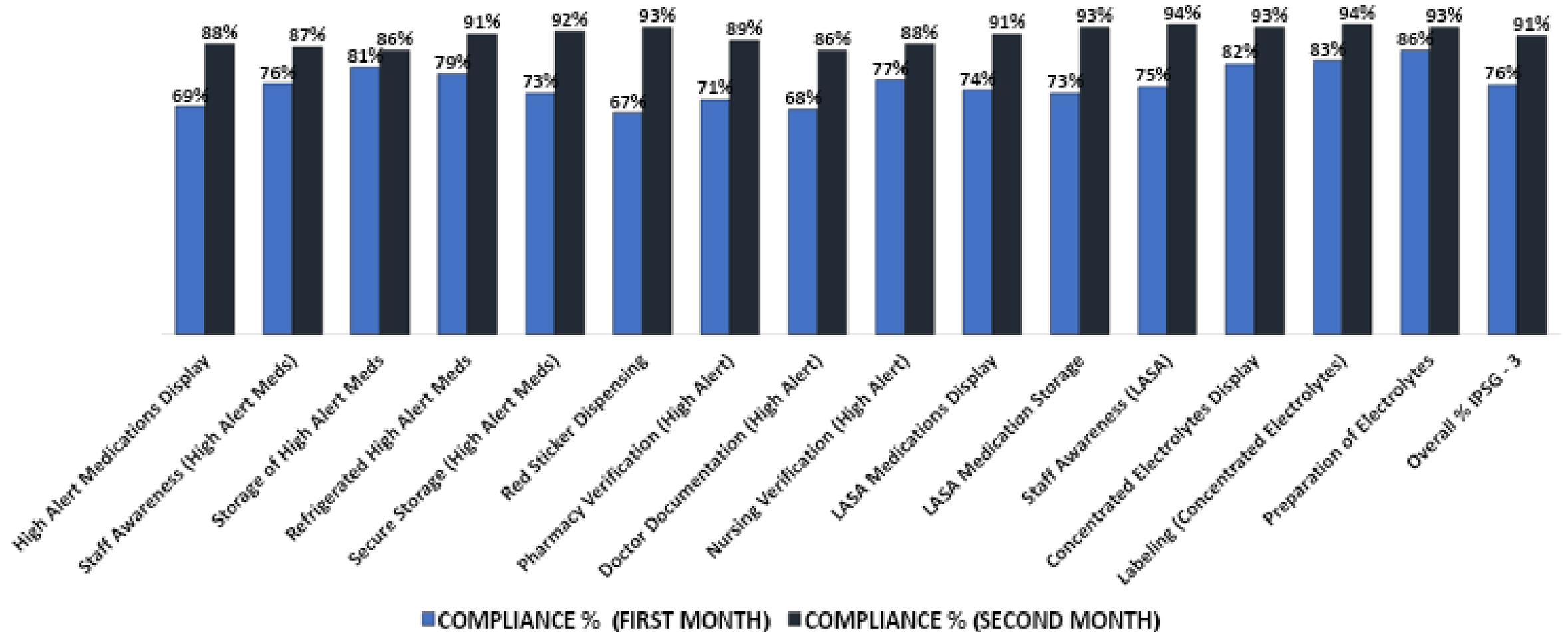


IPSG-2 IMPROVE EFFECTIVE COMMUNICATION



RESULTS

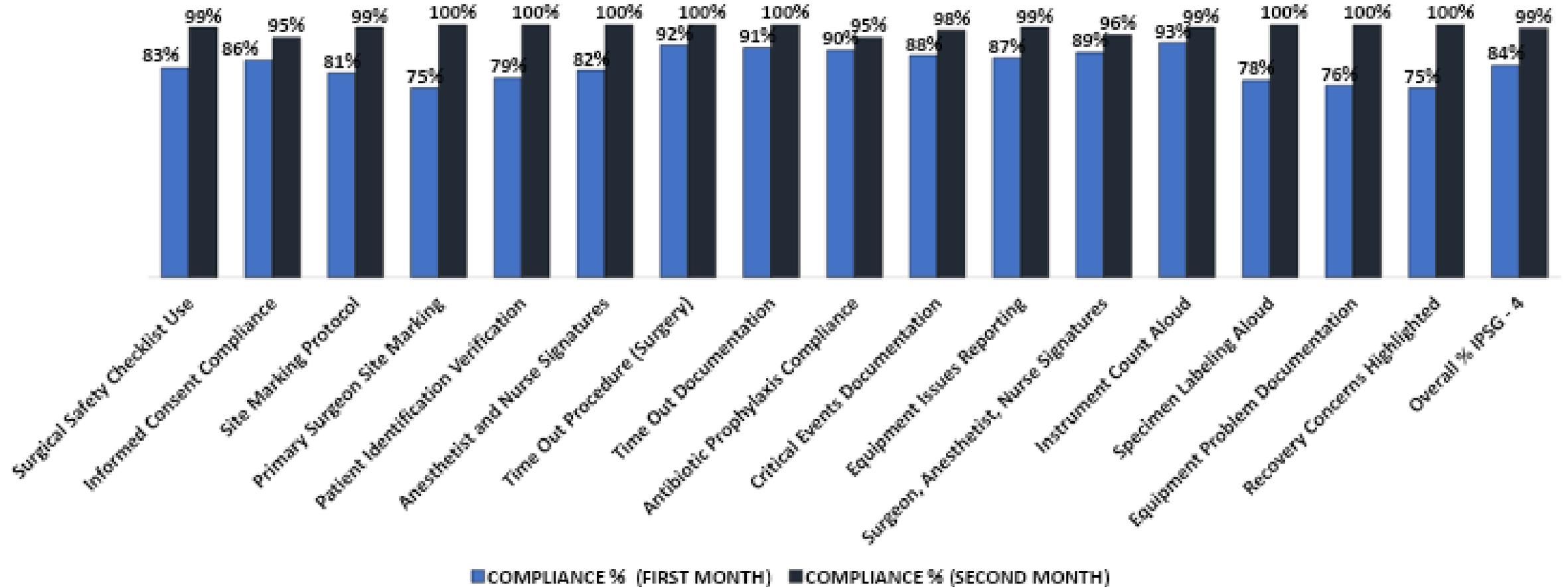
IPSG-3 IMPROVE SAFETY OF HIGH ALERT MEDICATIONS



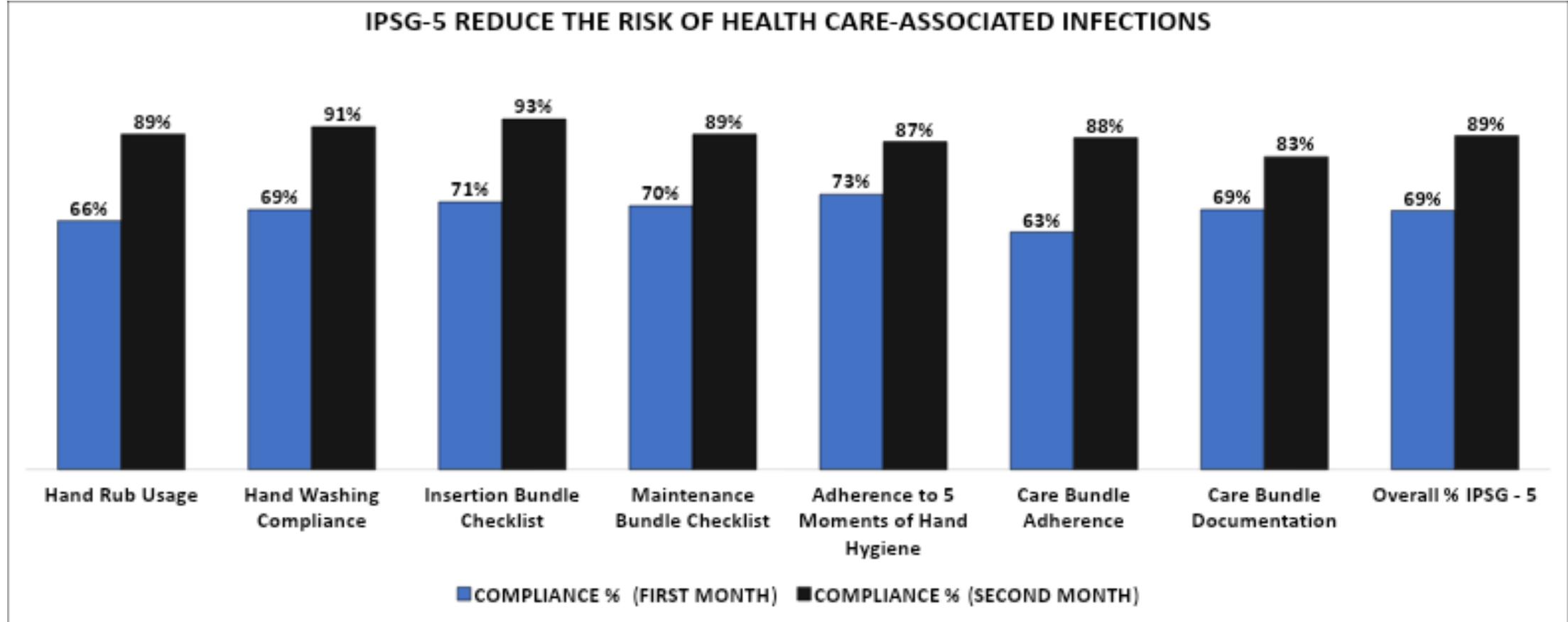
■ COMPLIANCE % (FIRST MONTH) ■ COMPLIANCE % (SECOND MONTH)

RESULTS

IPSG- 4 ENSURE SAFE SURGERY

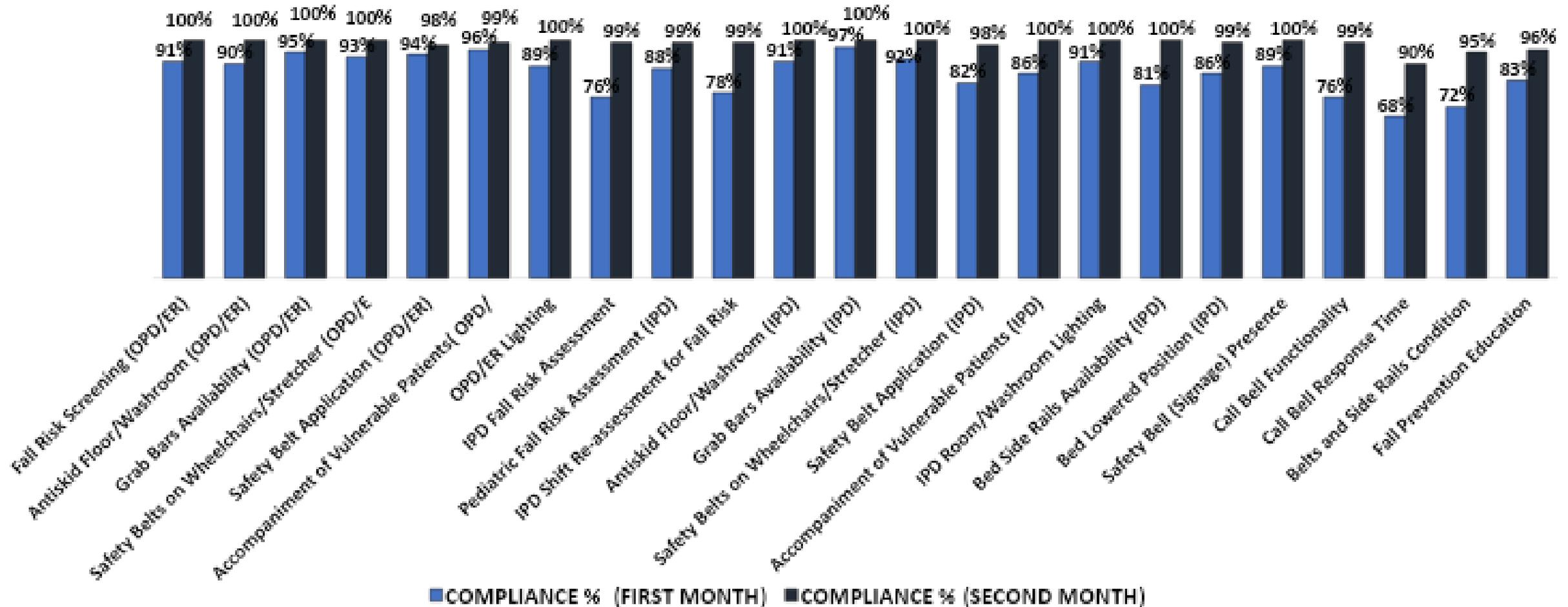


RESULTS

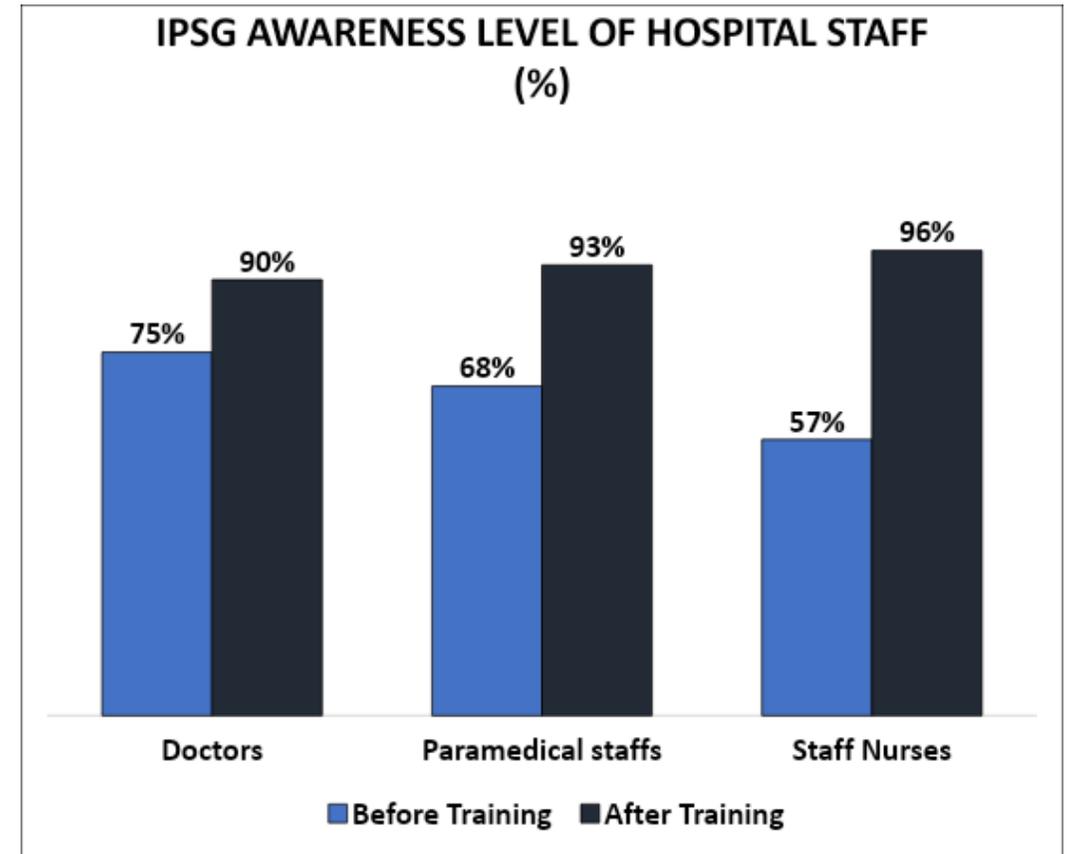
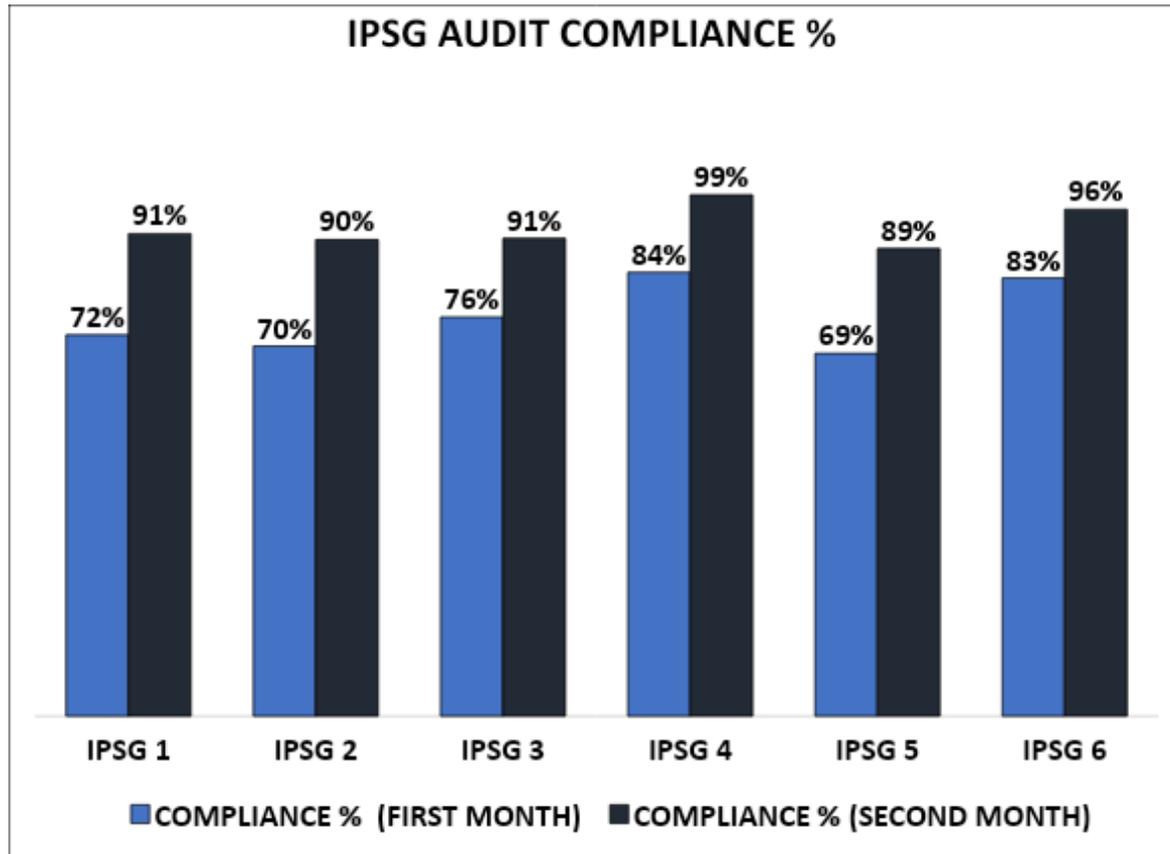


RESULTS

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



RESULTS



DISCUSSION

- **Improved Compliance:** Compliance rates for IPSGs showed significant improvement over two months: IPSG 1 increased from 72% to 91%, IPSG 2 from 70% to 90%, IPSG 3 from 76% to 91%, IPSG 4 from 84% to 99%, IPSG 5 from 69% to 89%, and IPSG 6 from 83% to 96%.
- **Enhanced Quality and Efficiency:** The training programs led to better adherence to protocols, enhancing quality and efficiency in clinical practices across various IPSGs.
- **Recommendations for JCI Accreditation:** The documented improvements indicate readiness for JCI accreditation, with strengthened patient safety indicators and aligning well with JCI standards.
- **Statistical Findings and Staff Perception:** Statistical improvements in compliance rates correlate with positive staff perception, demonstrating effective implementation of targeted educational initiatives. Overall, the outcomes highlight significant strides in compliance, quality enhancement, and readiness for accreditation, underscoring the impact of structured training and awareness programs on hospital operations and patient care standards.

CONCLUSION

- Non-compliance among hospital staff often arises from insufficient expertise or heavy workloads, or a combination of both factors.
- Doctors attribute their non-compliance to inadequate training, while nurses, despite attending sessions, occasionally struggle to apply acquired knowledge.
- Some employees lack the foundational knowledge and motivation necessary to implement required interventions effectively.
- So, thereby implementation of comprehensive training programs tailored to address specific knowledge gaps and provide ongoing support to ensure consistent adherence to IPSP standards is recommended to hospitals.

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PICTORIAL JOURNEY





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