DISSERTATION / INTERNSHIP TRAINING

at

YATHARTH SUPERSPECIALITY HOSPITAL, NOIDA EXTENSION

on the

Study/Project – "A Study on adherence to International Patient Safety Goals with JCI Standards at a Super Speciality Tertiary Care Hospital in India"

A Report by

Ms. SONAL JAISWAL

Enrol No – (PG/22/124)

Under the guidance of

Dr. Altaf Yousuf Mir

PGDM (Hospital & Health Management)

2022-2024

International Institute of Health Management Research, New Delhi

IIHMR DELHI

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YATHARTH
SUPER SPECIALITY HOSPITALS
GET BETTER

Ref. No. : YWH/PHY/IL/2024/05

Dated: 8/05/2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Sonal Jaiswal D/O Mr. Santosh Jaiswal** bonafide student of International Institute of Health Management Research has been accepted as an intern in the Department of Quality. She has successfully completed her summer internship from **07th Feb 2024 till 7th May 2024** at Yatharth Superspeciality Hospital, Sector – 01, Noida Extension

During her tenure she has gained expertise in all aspects of Quality. She has worked with absolute dedication and sincerity. We wish her success in all future endeavours.

09/05/2024

Dr. Vaishali Sharma

Manager-Quality

From,

The Department of Human resource
Yatharth super specialty Hospital
Sector-01, Noida Extension.

Completion of Dissertation/Internship from Yatharth Super speciality Hospitals

The certificate is awarded to

Ms. Sonal Jaiswal

In recognition of having successfully completed his/her internship

In the department of

Quality

And has successfully completed her Project on

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

From 7th Feb to 7th May, 2024

Yatharth Super speciality Hospitals, Noida Extension

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavours

Training & Development

09/05/2024

Head- Quality Department

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms Sonal Jaiswal**, student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Yatharth Super speciality Hospitals, Noida Extension from 7th Feb 2024 to 7th May 2024.

The Candidate has successfully carried out the study designed to him during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all her future endeavours.

Dr. Sumesh Kumar

Associate Dean Academic and Student Affairs

IIHMR New Delhi

Mentor

IIHMR New Delhi

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Sonal Jaiswal** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled **"A Study on adherence to International Patient Safety Goals with JCI Standards at a Super Speciality Tertiary Care Hospital in India"** at **"Yatharth Superspeciality Hospital, Noida Extension"** in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor Name,
Designation,
Organization

Dr. Atul Yaseen
Associate Professor

Organization Mentor Name
Designation,

Certificate of Approval

The following dissertation titled "A study on adherence to IPSG with JCI standard at a Tertiary care Hospital" at "Yathartth Super Speciality Hospital" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	**Signature**
Dr Aman Raj Gupta	Aman Raj Gupta
Dr. Vishal Bee	
Dr Sumant Swain	

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**A Study on adherence to International Patient Safety Goals with JCI Standards at a Super Speciality Tertiary Care Hospital in India**" and submitted by **Sonal Jaiswal** Enrollment No- PG/22/124 under the supervision of **Dr Altaf Yousuf Mir** for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from to 2022- 2024 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Sonal Jaiswal

Signature

FEEDBACK FORM

(Organization Supervisor)

Name of the student: Ms. Sonal Jaiswal

Name of the organization in which Dissertation has been completed: Yatharth Super speciality Hospitals, Noida Extension

Area of Dissertation: Quality Department

Attendance: 100% Attendance. (Completed three month Internship period)

Objectives achieved: Yes

Deliverables: Questionnaire based data collection from wards for the study.

Strengths: Dedication, Adaptability, Resilience, communication, Problem solving, streamlining workflows & fostering open communication.

Suggestions for Improvement:

- Can attend PoI of NABH 5th Edition
- JCI PoI for more knowledge in Quality.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

[signature] 09/05/2024.

Signature of Officer- in-charge/Organisation Mentor (Dissertation)

Date: 9/05/2024

Place: Noida Extension

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CERTIFICATE ON PLAGIARISM CHECK

Name of Student (in block letter)	**Dr./Mr./Ms.:** SONAL JAISWAL		
Enrollment/Roll No.	PG|22|124	**Batch Year**	2022-2024
Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT
Name of Guide/Supervisor	Dr./ Prof.: ALTAF YOUSUF MIR		
Title of the Dissertation/Summer Assignment	A Study on adherence to International Patient Safety Goals with JCI Standards at a Super Speciality Tertiary Care Hospital in India		
Plagiarism detect software used	**"TURNITIN"**		
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Name: DR Altaf Yousuf
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Name: SONAL JAISWAL
Signature: Sonal Jaiswal

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ACKNOWLEDGEMENT

- I am grateful to Yatharth Super speciality Hospital for providing me with the opportunity to complete my Dissertation / internship at their organization.

- I am sincerely grateful to my internship mentors Dr Vaishali Sharma (Quality- Head) and Dr. Paliwal Megha in Quality Department, their support and guidance helped me to understand the hospital dynamics, gain valuable experience in my field, and allowed me to make the most of my internship. They in spite of being busy with their duties, took time to hear and guide us, gave helpful advice and constructive comments throughout the project. Their valuable input made this project possible.

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- I extend my thanks to all the staff members of Yatharth Super speciality Hospitals, Noida Extension for their kind cooperation and patience.

- Also, I am glad to acknowledge **Dr Altaf Yousuf Mir**, Assistant Professor IIHMR Delhi who is my mentor for his continuous encouragement in the completion of this project.

Ms. Sonal Jaiswal

TABLE OF CONTENTS

LIST OF ABBREVIATIONS:

IPSG - INTERNATIONAL PATIENT SAFETY GOALS

OPD- OUT PATIENT DEPARTMENT

IPD – INPATIENT DEPARTMENT

ER – EMERGENCY

ICU- INTENSIVE CARE UNIT

MICU- MEDICAL INTENSIVE CARE UNIT

SICU- SURGICAL INTENSIVE CARE UNIT

TICU- TRAUMA INTENSIVE CARE UNIT

PICU-PEDIATRIC INTENSIVE CARE UNIT

NICU-NEONATAL INTENSIVE CARE UNIT

CCU- CRITICAL CARE UNIT

ABSTRACT:

- **INTRODUCTION:**

Patient safety is a cornerstone of modern healthcare, driven by stringent accreditation standards like those established by JCI. These standards are embodied in the International Patient Safety Goals (IPSGs), which aim to elevate care quality and minimize risks across global healthcare environments. Each IPSG addresses specific domains such as patient identification, communication, medication safety, surgical procedures, infection control, and fall prevention, reflecting a comprehensive strategy to enhance patient outcomes.

- **METHODOLOGY:**

This descriptive cross-sectional study was conducted at a 450-bed tertiary care hospital, involving 257 healthcare professionals directly engaged in patient care. The study employed audits of 450 patient records to assess adherence to IPSGs, supplemented by pre- and post-training evaluations to measure staff awareness. Structured checklists and scoring systems ensured a thorough evaluation across various departments and roles, providing a comprehensive assessment of patient safety practices.

- **RESULTS:**

Initial compliance rates across IPSGs varied: IPSG 1 (72%), IPSG 2 (70%), IPSG 3 (76%), IPSG 4 (84%), IPSG 5 (69%), and IPSG 6 (83%). Following targeted training initiatives, significant improvements were observed: IPSG 1 increased to 91%, IPSG 2 to 90%, IPSG 3 to 91%, IPSG 4 to 99%, IPSG 5 to 89%, and IPSG 6 to 96%. Staff awareness of IPSGs also improved post-training, with doctors increasing from 75% to 90%, nurses from 57% to 96%, and paramedics from 68% to 93%. These results underscore the effectiveness of training programs in enhancing patient safety practices among healthcare professionals.

- **DISCUSSION:**

The study emphasizes the pivotal role of continuous training and protocol reinforcement in sustaining and enhancing patient safety outcomes. Areas requiring ongoing focus include improving hand hygiene practices, refining communication protocols, and standardizing procedures for medication administration and surgical safety. Recommendations stress the importance of persistent education and systematic reviews to cultivate a robust culture of patient safety within healthcare institutions. These efforts not only enhance care delivery but also strengthen readiness for accreditation processes, ensuring consistent high standards of patient care.

➢ CHAPTER 1 : ORGANIZATION PROFILE:

INTRODUCTION

YATHARTH Super Speciality Hospital, Noida Extension

Located in Noida Extension, Uttar Pradesh, this hospital is a 450-bed tertiary care facility featuring 11 modular and other operation theatres, along with 125 critical care beds. It encompasses several Centers of Excellence specializing in cardiology, orthopaedics, spine and rheumatology, oncology, neurosciences, nephrology and urology, gastroenterology, and general surgery. Additionally, it offers advanced capabilities in various surgical procedures including ENT and cochlear implants, laparoscopic surgery, and cosmetic and plastic surgery.

- **LEGACY**

Over fifteen years ago, four doctors joined forces to realize their vision of Yatharth Hospital—a place dedicated to holistic healing and world-class medical care. Their mission extended beyond physical treatment, aiming to foster well-being and provide top-notch facilities accessible to all, especially the less privileged, in a compassionate environment.

- **VISION**

To evolve as the most preferred destination for quality healthcare that provides a comprehensive range of services and is trusted for personalized care with compassion.

- **MISSION**

Committed to deliver quality & personalized care to improve the well-being of patients and communities we serve.

- **QUALITY POLICY**

The Hospital constantly strive for continuous improvement by staying abreast of advancements in healthcare, hiring skilled doctors, and enhancing clinical results, patient safety, and satisfaction.

- **INFRASTRUCTURE & FACILITY**

The hospital is equipped with sophisticated machines and devices utilizing advanced technology to support practitioners in delivering timely, efficient, and high-quality healthcare. Accredited by NABH, it continually upgrades its medical technology and diagnostic instruments to ensure precise diagnoses and effective treatments. Key equipment includes the Azurion catheterization laboratory, 1.5 Tesla whole-body MRI, and 128-slice CT scan. Advanced surgical tools such as the Thulium Uro laser enhance surgical success rates. Critical care units feature high-end patient monitoring devices, ventilators, and dedicated isolation rooms, with round-the-clock services including dialysis, endoscopy, and bronchoscopy at the bedside.

- **ACCREDITATION & QUALITY**

Yatharth Super Speciality Hospitals, situated on expansive grounds, are founded on pillars of Trust, Talent, Technology, Service, and Infrastructure. Emphasizing utmost care and responsibility in healthcare, they have assembled a team of highly qualified medical specialists and para-medical staff who embody the values of transparency, dedication, and honesty. Accredited by the National Accreditation Board for Hospitals and Healthcare Providers, these hospitals ensure processes that uphold high standards of patient care.

- **COMMUNITY SERVICES**

Yatharth Super Speciality Hospitals are committed to making quality healthcare accessible to everyone. They organize health awareness and check-up camps regularly for the general public, students, and underprivileged communities. Free health lectures are provided to schools and colleges, focusing on hygiene, importance of physical activity, and healthy eating habits. Additionally, awareness sessions and health checks are conducted for corporate employees, covering occupational safety, ergonomics, and injury prevention in the workplace.

- **SPECIALITIES:**

- Centre of Internal Medicine
- Centre of Cardiology
- Centre of Neurosciences
- Centre of General Surgery
- Centre of Nephrology and Urology

- Centre of Paediatrics
- Centre of Gastroenterology
- Centre of Pulmonology
- Centre of Gynaecology
- Centre of Orthopaedics and Spine and Rheumatology
- ENT
- Cancer and Bone Marrow Transplant
- Robotic Surgery
- GI Surgery and Liver Transplant
- IVF & Fertility
- Plastic & Cosmetic Surgery
- Dermatology
- Ophthalmology
- Critical Care
- Dentistry
- Psychology and Psychiatry
- Physiotherapy and Rehab
- Anaesthesiology
- Radiology
- Pathology and Laboratory Medicine
- Nutrition & Health
- Interventional Spine and Pain Medicine
- Nuclear Medicine

➢ AMENITIES

Yatharth Super Speciality Hospitals offer a variety of amenities to make patient's stay comfortable. Besides the advanced medical equipment to deliver the best quality care, they have amenities to deliver pleasant patient experience.

24*7 Amenities

- Emergency response system
- Cardiac Life Support Ambulance
- Neonatal ICU (NICU)
- Paediatric ICU (PICU)

Other Amenities

- Blood Bank - Available at Yatharth Hospital, Noida
- Rooms (Suit, Deluxe, Single, Double, General ward)
- Lab Services
- Radiology services
- Dialysis Service S

➢ PREVENTIVE HEALTH CHECKUP

BASIC HEALTH CHECK

PATHOLOGY, CARDIOLOGY, RADIOLOGY, CONSULTATION

CBC, Blood Group, Blood Sugar Fasting, SGOT, SGPT, T.BILI/D.Bilirubin, Urea, Creatinine, Uric Acid, TSH, Lipid Profile*, Urine Routine ECG X-ray Chest, Ultrasound Whole Abdomen, Physician, Dietician

EXECUTIVE HEALTH CHECK-UP

PATHOLOGY, CARDIOLOGY, RADIOLOGY, CONSULTATION

CBC, Blood Group, Blood Sugar Fasting, HbAlc, LFT, KFT, T3, T4, TSH, Lipid Profile, Vitamin D3, PAP SMEAR/PSA, Urine Routine, ECG, X-ray Chest, Ultrasound Whole Abdomen, Physician, Gynaecologist, Dietician

➢ CHAPTER – 2: A STUDY ON ADHERENCE TO INTERNATIONAL PATIENT SAFETY GOALS WITH JCI STANDARDS AT A SUPER SPECIALITY TERTIARY CARE HOSPITAL IN INDIA

▪ BACKGROUND:

Since the late 1990s, there has been a profound evolution in how patient safety is perceived and integrated within healthcare systems globally. Initially a subject of academic interest, patient safety is now a cornerstone of healthcare delivery, prompting many institutions to engage in monitoring programs, including accreditation, to ensure high patient satisfaction. Accreditation, a widely recognized evaluation process, serves to uphold effective and efficient patient care quality, encompassing safety measures. It involves assessing organizational practices against established standards through external surveys to assign accreditation ratings. JCI, an international body rooted in Total Quality Management principles, sets healthcare standards aimed at enhancing quality and safety.

IPSG, developed by JCI, provides guidelines to ensure safe and high-quality patient care. Every healthcare professional bears responsibility for patient safety, supported by international research. Adherence to IPSG in clinical settings can mitigate errors, easing patient burdens and improving care quality. Understanding the barriers faced by hospital staff is crucial for enhancing patient care and safety, integral to a hospital's operation. The primary duty of hospitals is to protect patients and staff from harm while delivering excellent care in a secure environment. Upholding patient safety in a complex healthcare system demands continuous commitment from all team members. IPSG focuses explicitly on improving patient safety within hospitals, emphasizing the importance of prioritizing safety-related issues to meet JCI certification requirements.

▪ RATIONALE/ NEED OF THE STUDY:

Hospitals today operate within a swiftly changing healthcare landscape marked by advanced diagnostic and treatment technologies, necessitating a strong focus on patient safety. This issue is globally recognized as crucial in public health, championed by the World Health Organization (WHO) for integration into national healthcare policies. The rising occurrence of adverse events underscores its pivotal role in healthcare delivery and quality management. Patient safety initiatives aim to prevent errors and minimize harm through comprehensive strategies, backed by robust leadership to sustain vigilance and foster a safety-oriented culture. The International Patient Safety Goals (IPSG) establish vital benchmarks for integrating safety practices in hospitals, underscoring the global significance of quality and safety in patient care. Enhancing healthcare efficiency and effectiveness entails adopting advanced technologies and methods, guided by organizations like the Joint Commission International, to continually enhance patient safety and overall healthcare outcomes.

▪ REVIEW OF LITERATURE:

1. According to a 2010 report from the United States Department of Health and Human Services, 1.8 million hospital patients die annually due to infections, surgical errors, or other medical complications, with an additional 1.4 million suffering serious injuries from hospital care.

2. As stated in the WHO's August 26, 2019 newsletter, one in ten patients in developed countries experience harm during hospitalization, while patients in

developing nations face even higher risks of harm, with some countries having 20 times the rate of healthcare-associated infections compared to developed countries.

3. The WHA 55th Assembly addressed patient safety, urging member states to prioritize this issue and develop robust, science-based systems to enhance patient safety and healthcare quality. Errors such as incorrect patient identification, medication mistakes, and communication failures, particularly verbal and over the phone, contribute significantly to patient harm. Look-Alike and Sound-Alike (LASA) drugs pose high risks, and errors in surgical procedures are often due to communication lapses and inadequate protocols.

4. The International Patient Safety Goals (IPSG), established by Joint Commission International (JCI) in 2006, are global standards aimed at improving patient safety and the quality of healthcare delivery. The World Health Organization notes that until the 1990s, the extent and impact of preventable adverse events in healthcare were not fully understood, leading to tragic outcomes for many patients. Recognizing the global scale of healthcare errors affecting one in ten patients, patient safety has emerged as a critical healthcare concern, supported by a growing body of interdisciplinary research.

▪ INTRODUCTION TO INTERNATIONAL PATIENT SAFETY GOALS

The International Patient Safety Goals (IPSGs) are instrumental in enhancing global healthcare quality through accreditation and consultancy services, focusing specifically on improving patient safety. These goals are outlined as follows according to the Joint Commission International Accreditation Standards for Hospitals [JCAHO], 2016:

- **Goal 1: Identify Patients Correctly:** This involves accurately identifying patients before providing treatment or services, matching them correctly with the intended service or treatment. Hospitals utilize at least two criteria such as patient name, MRD/UHID number, birth date, and a barcoded wristband.
- **Goal 2: Improve Effective Communication:** Effective communication is crucial for minimizing errors and enhancing patient safety. It should be timely, accurate, comprehensive, clear, and easily understood by the recipient. Verbal orders are discouraged except in life-threatening situations where a read-back protocol is strictly followed, and all verbal orders must be countersigned by a physician within 24 hours.
- **Goal 3**: **Improve the Safety of High Alert Medications:** Focuses on preventing errors with medications that have a high potential for harm, including experimental drugs, restricted medications, chemotherapy agents, anticoagulants, psychotropic drugs, and LASA (look-alike, sound-alike) medications.
- **Goal 4: Ensure Safe Surgery:** Aims to prevent adverse events related to incorrect site, procedure, or patient surgery. Surgical teams must mark the site and complete a Surgical Safety Checklist (SSC) to ensure safe procedures. The site should be marked with an upward arrow (↑), avoiding the use of a cross (X).
- **Goal 5: Reduce The Risk of Health Care-Associated Infections:** Targets infections like Catheter-Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI), sepsis, and Ventilator Associated Pneumonia (VAP). Hospitals must implement hand hygiene standards and train staff in proper hand washing and disinfection practices.

- **Goal 6: Reduce The Risk of Patient Harm Resulting from Falls:** Focuses on preventing patient falls using tools like the Morse Fall Scale for adults and the Humpty Dumpty instrument for pediatric patients. Measures include maintaining bed rails, using strap belts during patient transfers, and employing warning signs during floor cleaning to prevent falls.

The safety of patients is a significant worldwide public health challenge, aggravated by the gaps in healthcare staff's knowledge and adherence to IPSGs (International Patient Safety Goals).

- **Goal 1: Identify Patients Correctly:**

  - Ensuring accurate patient identification is paramount in healthcare to prevent errors and ensure patient safety. Hospitals adhere to rigorous protocols requiring two identifiers: the patient's full name (without initials) and their unique health identification (UHID) before any treatment, procedure, or transfer. If patients cannot confirm their identity, relatives or transferring facilities may assist.

  - Upon admission, the admitting desk verifies identification using both full name and UHID, issuing a non-transferable white identification band. This band, ideally worn on the left wrist, aids in identification during procedures and throughout the hospital stay. In emergencies, patients receive an initial white band with details documented on it, replaced by a permanent ID band post-registration. If a band is damaged or removed, immediate replacement is mandatory.

  - Outpatient registrations similarly require meticulous verification to avoid multiple UHIDs. In clinical interactions, billing receipts help cross-verify patient details before consultations. Continuous patient identification is stressed from admission through discharge, with special procedures for unconscious or unidentified patients.

  - Special cases include newborns identified by their mother's name and gender-specific-colored bands. Deceased patients are identified with three bands on wrists, ankles, and chest. In surgical settings, patient identity is reconfirmed before anesthesia, crucial for safety. Blood transfusions and sample labelling also require dual identifiers to prevent errors.

  - For patients unable or unwilling to wear identification bands, alternatives are considered, documented, and communicated to security. Clear documentation in nursing notes ensures continuity of care and patient safety. These stringent procedures ensure that patient identification remains a cornerstone of healthcare safety, preventing errors and safeguarding patient well-being throughout their hospital journey.

- **Goal 2: Improve Effective Communication:**

1) **Verbal Order Policy**

- The hospital's policy on verbal medication orders emphasizes stringent protocols to ensure patient safety and minimize errors. Verbal orders are restricted to urgent situations where immediate written or electronic communication is impractical, such as during sterile procedures or emergencies lacking timely specialist access.

- When receiving verbal orders, healthcare staff must verify the prescriber's identity and confirm patient identification using two standard identifiers: full name and UHID. Orders must include comprehensive details: drug name, indication, route, dosage form, strength/concentration, dose in weight units (e.g., mg, mcg), dilution if applicable, and post-administration monitoring parameters.

- Upon receipt, the recipient nurse immediately documents the order in nursing notes and reads it back for verification by the prescriber before transcribing. Numerical digits are pronounced separately to prevent misinterpretation, and unfamiliar drug names are spelled out if necessary. The read-back policy ensures accuracy, with the recipient repeating patient details and order specifics, and the prescriber confirming acceptance.

- Documentation by the nurse includes the prescribing doctor's full name, date, and time of the verbal order. The prescriber must then document the order in the medication administration record within 24 hours, specifying both the verbal order and the documentation time. Only approved abbreviations are used in verbal and transcribed orders to prevent misunderstandings.

- To uphold compliance, regular internal audits monitor adherence to the policy. Any deviations are documented, and corrective and preventive actions are promptly implemented to enhance patient safety and protocol adherence across the hospital.

2) <u>Handover Communication Policy</u>

- The hospital's handover policy ensures structured and effective communication during critical patient transitions, including shifts in care level or staff assignments. Handovers occur whenever a patient moves to a new care level, shifts to another nurse or resident medical officer during shift changes, or undergoes internal transfers within the hospital.

- Key characteristics of a high-quality handover include interactive communication allowing for questioning between information givers and receivers, and the provision of up-to-date details on the patient’s care, treatment, condition, and any recent or expected changes. Interruptions during handovers are minimized to prevent information gaps or omissions.

- Handover documentation becomes part of the patient's medical record and accompanies them during internal transfers, ensuring continuity of care and providing necessary information to subsequent caregivers. A standardized SBAR (Situation, Background, Assessment, Recommendation) format is mandated for all routine handovers by nursing and doctors, facilitating clear and concise communication.

- Specific documentation protocols include completing a discharge summary for patients transferred outside the hospital, using standardized formats for doctor

handovers at each shift change, and filling out transfer summaries during internal patient transfers (e.g., ICU to ward). Additionally, a nursing pre-op checklist is mandatory for surgical and cardiac catheterization patients.

- To ensure compliance and enhance patient care while reducing adverse events, daily internal audits are conducted by medical administration and nursing, with monthly compilation of quality indicators for doctors and nurses. Any policy deviations are monitored, documented, analysed for root causes, and addressed through corrective and preventive actions. The outcomes of these improvements are systematically evaluated and shared with medical and nursing staff to foster ongoing enhancement of handover processes.

- This comprehensive approach aims to standardize communication, improve information accuracy during patient transitions, and ultimately enhance patient safety and care quality across the hospital.

3) <u>Critical Value Test Result Policy</u>

- The hospital has established protocols for managing critical test results across various diagnostic areas, ensuring prompt and accurate communication to enhance patient safety.

- Each department head responsible for diagnostics and laboratories defines critical test result values, regularly reviewing and updating them as necessary. These values encompass a range of diagnostic tests such as imaging, cardiac, neurology, and laboratory services. The list of critical values is disseminated and prominently displayed in all patient care areas, including emergency rooms, critical care units, and general wards.

- Immediate communication of critical test results is mandated for bedside diagnostic procedures like point-of-care testing, bedside ultrasound, and EEGs. Personnel performing and interpreting these tests must verify the authenticity of critical values obtained.

- An escalation matrix is in place where lab or radiology technicians, as well as clinicians, notify the assigned staff nurse in the inpatient ward about critical results, ensuring confirmation via a read-back mechanism. The staff nurse then informs the on-duty floor doctor and records the details in the Critical Result Information Register maintained within the ward.

- This register includes comprehensive information such as patient's full name, UHID, procedure/investigation name, details of the critical result, date and time of notification, names and IDs of personnel involved, confirmation of read-back, and actions taken. The receiver of critical results adheres to a read-back procedure to confirm accurate understanding, similar to the hospital's verbal order policy.

- To maintain compliance and improve patient care, the hospital conducts regular internal audits aligned with NABH and JCI standards. Any deviations from policy are documented, analyzed for root causes, and addressed through corrective and preventive actions. The outcomes of these evaluations are

monitored to ensure ongoing enhancement of critical test result reporting protocols.

- Overall, these measures aim to standardize communication, minimize errors, and swiftly address critical test results to uphold patient safety and quality of care throughout the hospital.

- **Goal 3: Improve the Safety of High Alert Medications:**

  - The hospital guidelines outline rigorous protocols for managing high alert medications, narcotics, LASA medications, and concentrated electrolytes to enhance patient safety and ensure proper administration across various clinical settings.

  - High alert medications are stored securely with red dot labelling in sub-stores of inpatient units. They require complete, written prescriptions specifying generic names, strengths, frequencies, routes, dilutions, and special instructions, barring verbal orders. Administration follows the 6 Rights protocol.

  - Narcotics are stored double-locked in pharmacy, labelled similarly, and strictly governed in inpatient areas through direct pharmacy dispensing. Detailed prescriptions are mandatory, including brand names. Infusions must match labels and are managed by anaesthesiologists or intensivists, with specific protocols for pediatric use and regular review. Unused narcotics are disposed under supervision, with documentation and return of empty ampoules.

  - LASA medications are stored in segregated, secure areas, also labelled with red dots. Prescription requirements mirror those for high alert medications, emphasizing generic names and detailed administration protocols by authorized staff.

  - Concentrated electrolytes are stored centrally, labelled as high alert, and prepared in controlled environments. Prescriptions include dilution specifics and infusion rates, managed by healthcare providers under strict monitoring protocols including ECG and vital signs.

  - Overall, these guidelines emphasize stringent storage, labelling, prescription, preparation, administration, and monitoring practices to mitigate risks associated with high alert medications and ensure compliance through annual reviews and committee approvals. Staff education and awareness are paramount, with clear responsibilities outlined for each stage of medication handling to uphold patient safety and regulatory standards.

- **Goal 4: Ensure Safe Surgery:**

  - The hospital's preoperative procedures ensure comprehensive patient safety through meticulous checks and protocols starting with the preoperative checklist. This checklist includes verifying completed consent forms, site marking using indelible ink, confirming patient identity and procedure details,

and checking necessary documents and reports. It mandates using two identifiers for patient verification before transfer to the operating theatre (OT), ensuring alignment between patient records and ID bands.

- Site marking, performed with an arrow near the incision site, must remain visible post-preparation and is crucial for surgeries involving laterality or multiple structures. The marking is done by the operating surgeon or nominated clinician and involves patient participation where possible, ensuring clarity and correctness of the intended site. Special considerations apply in neurosurgery, spine surgery, plastic surgery, and ophthalmology, adapting marking methods to specific surgical needs and patient conditions.

- Prior to commencing surgery, a structured "Time Out" procedure occurs, led by the anesthesia team and surgeon, confirming patient identity, procedure details, site marking visibility, and availability of required implants and equipment. This verification is repeated at each transfer of care and immediately before surgery starts, ensuring accurate execution of the planned procedure and mitigating risks of incorrect site operations.

- In case of marking errors, corrective actions are promptly devised, documented, and communicated to patients and their families, emphasizing transparency and safety review protocols. Throughout these procedures, continuous communication and collaboration among surgical team members are essential to uphold patient safety standards and mitigate potential errors, with exceptions allowed only in emergency or critical situations.

- **Goal 5: Reduce The Risk of Health Care-Associated Infections:**

1. **Hand Hygiene Policy:**

- The hospital's infection control program focuses on reducing healthcare-associated infections (HAIs) through stringent hand hygiene protocols aligned with WHO guidelines. All hospital areas are covered, with continuous training and monitoring of hand hygiene practices. Hand hygiene facilities are strategically located throughout the hospital, equipped with antiseptic soaps, hand rubs, and tissue towels.

- The "Your Five Moments for Hand Hygiene" concept simplifies guidelines into critical instances: before touching a patient, before clean procedures, after body fluid exposure, after touching a patient, and after touching patient surroundings. This approach ensures focused adherence to hand hygiene during patient care activities.

- Two methods are specified for hand hygiene: hand washing with soap and water and hand rubbing with alcohol-based formulations. Each method includes specific steps ensuring comprehensive coverage of hand surfaces and compliance with recommended durations. Surgical hand preparation protocols emphasize the removal of jewelry, maintaining sterile conditions, and following manufacturer instructions for antiseptic use.

- Educational programs for healthcare workers (HCWs) stress behavior influencing factors and various hand hygiene methods' efficacy. Monitoring

tools include observation forms, infrastructure surveys, consumption records, perception surveys, and data analysis to evaluate compliance and guide improvement efforts.

- Reminders in the workplace include posters, leaflets, and digital tools to reinforce hand hygiene practices. Compliance monitoring is conducted by nursing in charge and documented for physicians, nursing staff, and other hospital personnel, contributing to a systematic approach to maintaining hygiene standards.

- Overall, the hospital's infection control program integrates comprehensive protocols, continuous training, and robust monitoring tools to uphold high standards of hand hygiene and mitigate the risk of HAIs across all healthcare settings.

2. Prevention of HAIs Policy:

- Care bundles are structured sets of evidence-based practices designed to enhance compliance with quality measures and improve patient outcomes. Implemented across healthcare settings, these bundles integrate multiple interventions that collectively deliver superior results compared to individual measures. Each element within a care bundle must be rigorously followed to ensure consistency and optimize patient outcomes, ingraining these practices into the healthcare culture.

- A multidisciplinary approach is essential for delivering bundle care effectively, involving collaboration among healthcare providers to ensure comprehensive adherence to each bundle's components. Training sessions are critical, particularly for nursing staff, to underscore the importance of bundle approaches in reducing healthcare-associated infections (HAIs) and improving patient safety.

- Regular audits are conducted to monitor compliance with care bundles, comparing results against infection rates to evaluate effectiveness. Data from these audits inform infection control committees, guiding decisions on further measures to mitigate infection risks. Discussions within these committees are pivotal for implementing appropriate strategies based on the identified risks associated with bundle compliance and infection rates.

- **Several specific care bundles are outlined, each targeting distinct types of infections:**

1. Central Line-Associated Bloodstream Infections (CLABSI): Includes insertion and maintenance bundles emphasizing sterile precautions, appropriate site selection, staff competency, and daily reviews to minimize infections associated with central venous lines.

2.Catheter-Associated Urinary Tract Infections (CAUTI): Focuses on aseptic techniques during insertion and maintenance, regular assessment for catheter necessity, and alternatives to catheterization to prevent the most common HAI worldwide.

3.Ventilator-Associated Pneumonia (VAP): Involves elevation of patient's head, daily sedation interruptions, oral care with chlorhexidine, and prophylaxis strategies to reduce pneumonia rates in ventilated patients.

4. Surgical Site Infections (SSI): Includes measures like timely antibiotic prophylaxis, skin preparation with antiseptics, avoiding unnecessary hair removal, and maintaining glycemic control to prevent infections in surgical wounds.

Each bundle integrates hand hygiene, clinician education, surveillance, and feedback mechanisms to reinforce compliance and optimize infection prevention strategies. By implementing these bundles comprehensively and consistently, healthcare facilities can significantly reduce HAIs, improve patient outcomes, and enhance overall quality of care.

- **Goal 6**: **Reduce The Risk of Patient Harm Resulting from Falls:**

  - The hospital's comprehensive falls prevention program is designed to mitigate risks across various patient care settings, including orthopedic wards, emergency rooms, and outpatient departments. Identified environmental conditions predisposing patients to falls include wet floors, poor lighting, and unlocked bed wheels, while patients with conditions like syncope, impaired gait, and those on sedatives are at increased risk.

  - To effectively manage fall risks, the hospital employs rigorous screening and assessment protocols. This includes mandatory fall risk screenings during outpatient visits and comprehensive fall risk assessments for all inpatients upon admission and throughout their stay. The Morse Fall Risk Assessment Scale is utilized to categorize patients into high, moderate, or low-risk categories based on factors such as history of falls, secondary diagnoses, ambulatory aids, IV access, gait, and mental status.

  - High-risk patients are identified with a blue vulnerable band on their wrist for easy recognition. Interventions to reduce fall risks are then implemented, including regular patient monitoring, assistance with mobility, use of bed alarms, and education of patients and families on fall prevention strategies. Post-fall management involves immediate physical assessment, incident reporting, and root cause analysis to prevent future occurrences.

  - The hospital emphasizes proactive measures such as ensuring patient necessities are within reach, maintaining proper lighting, and promptly cleaning up spills. Patient education is also prioritized to raise awareness about the importance of calling for assistance and adhering to safety protocols.

  - Regular audits are conducted to monitor compliance with these protocols, ensuring continuous improvement in fall prevention strategies across all clinical areas. For pediatric patients, specific measures such as full side rails on beds and continuous supervision are implemented to address their unique needs and vulnerabilities.

  - In conclusion, the hospital's falls prevention program integrates systematic risk assessment, targeted interventions, patient education, and ongoing

evaluation to create a safe environment and minimize the incidence of falls among its diverse patient population.

- **Objectives:**

1. Evaluate the awareness and adherence of healthcare professionals directly involved in patient care to six IPSGs, as outlined by Joint Commission International Accreditation (JCIA) standards, within a tertiary care hospital.

2. Identify deficiencies and concerns in all processes and procedures aligned with the JCI standards for the International Patient Safety Goals (IPSG) chapter.

- **SPECIFIC OBJECTIVE**

- Evaluate adherence to proper patient identification protocols.
- Assess adherence to effective communication practices within the hospital.
- Evaluate adherence to safety protocols for high-alert medications.
- Assess adherence to protocols ensuring safe surgeries for patients.
- Evaluate adherence to protocols aimed at reducing the risk of healthcare-associated infections.
- Assess adherence of patients and other vulnerable individuals to fall prevention measures.

- **Methodology:**

  - **Study Design:** Descriptive and Cross- sectional Study
  - **Study Area:** Super Specialty Tertiary Care Hospital with 450 bedded.
  - **Study Population: Hospital Staffs who are directly related to patient care**

a) Inclusion Criteria - Doctors, Nurses and Paramedical staffs (Technicians, Pharmacists, Dieticians) of the tertiary care super speciality hospital who are directly related to care of patients who are vulnerable in the OPD/ ER, floor wards, ICUs and OTs etc.

b) Exclusion Criteria – Hospital Staffs who are not directly related to patient care are excluded.

- **Sampling technique:** Purposive Sampling Method

- **Sample size:** 257 Hospital Staffs directly involved in patient care, who agreed to participate and 450 patient records.

- **Sample Size Calculation:**

Hospital Staff Category	Total No of Staffs	50 % of Total Staff
Doctors	107	54
Staff Nurse	267	134
Paramedical Staff	137	69
Total	**511**	**257**

- **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 Study: The study was conducted by an audit of documentation pertaining to patient safety criteria in patient records (n = 450) that was carried out to verify compliance to IPSGs by the staff performance.

Second Study: An assessment that will be conducted to check the level of awareness of IPSG among healthcare staffs directly related to patient care before and after training in a form of a MCQ questionnaire.

- **Sources of data** - It is primary data where staff of the hospital (Doctors, Nurses and Paramedical staff, involved in patient care directly) was audited, observed and interviewed according to their performance.

- **Data collection tools and techniques** –

  Study tool: IPSG audit tools checklist from hospital, combination of 6 checklists. The structured checklists of patient safety criteria to be observed for this audit was formulated based on the IPSGs (enclosed as annexure). Along with an assessment for IPSG awareness among healthcare staffs before and after IPSG Training.

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

- **Data Analysis Tools-** Data was collected from Google form questionnaire and was entered in Microsoft excel, interpreted and analysed.

- **Ethical considerations** - All data was gathered under the supervision of the quality department. The study had no effect on patient treatment and caused no harm to patient's feeling.

- **Limitations of the study**: Since there was no access to the BMT, due to critical undergoing procedures, data findings collected based purely on the interviews of the assigned nursing staff and from the patient record files.

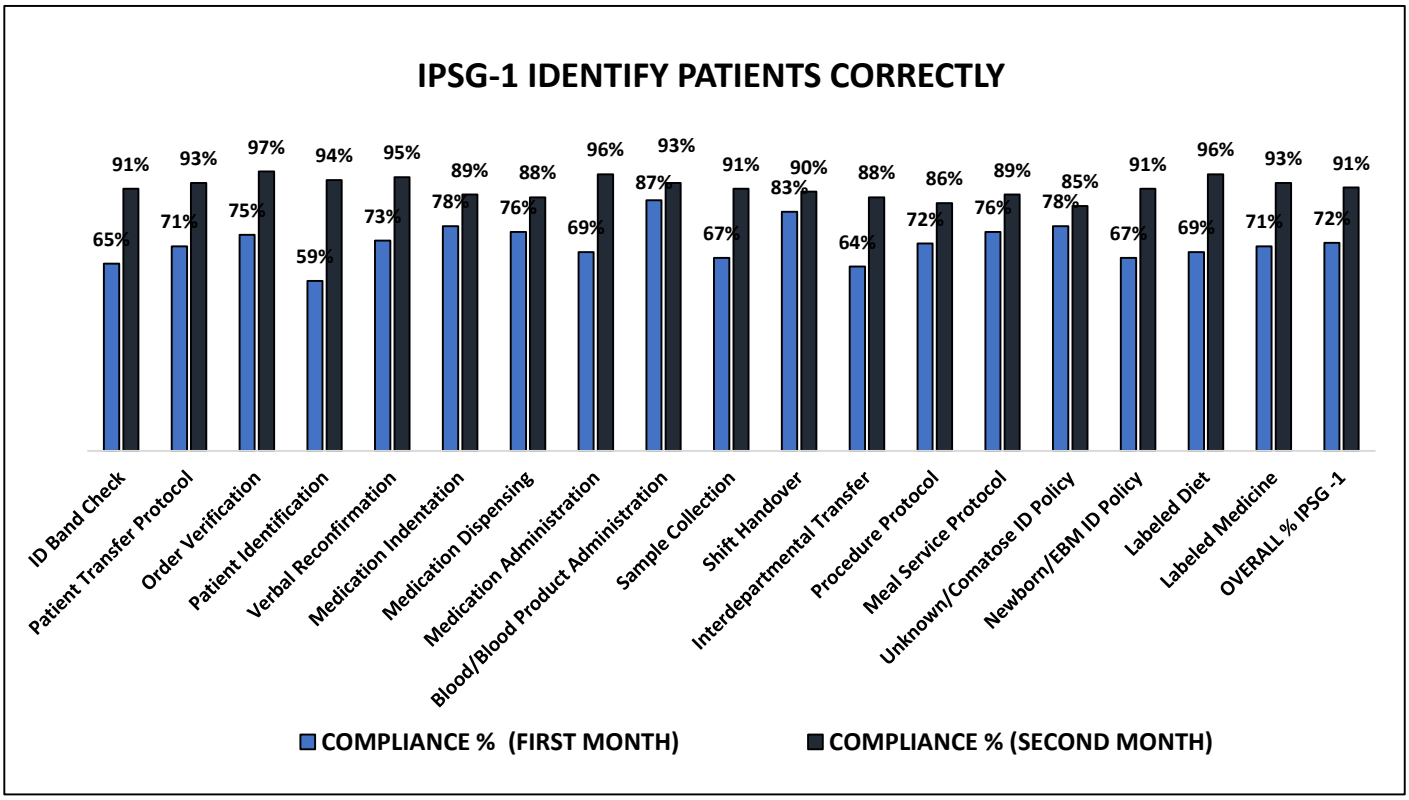
- **Expected outcomes**: Awareness and implementation into clinical setting should improved up to 90 % compliance at all the 6 IPSGs after the process of awareness program taken among all the hospital staff as per JCI norms.

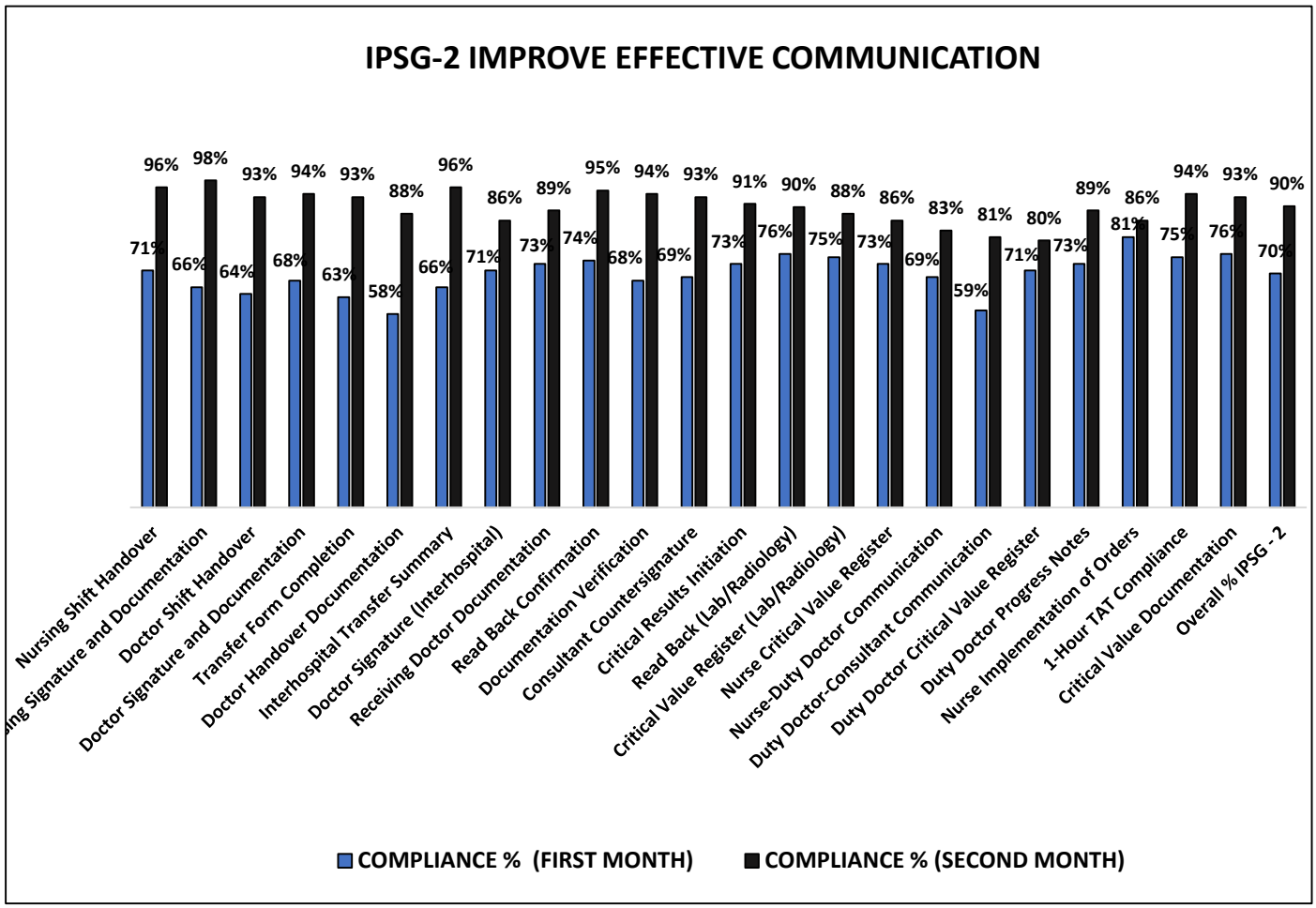
Outcome variable:

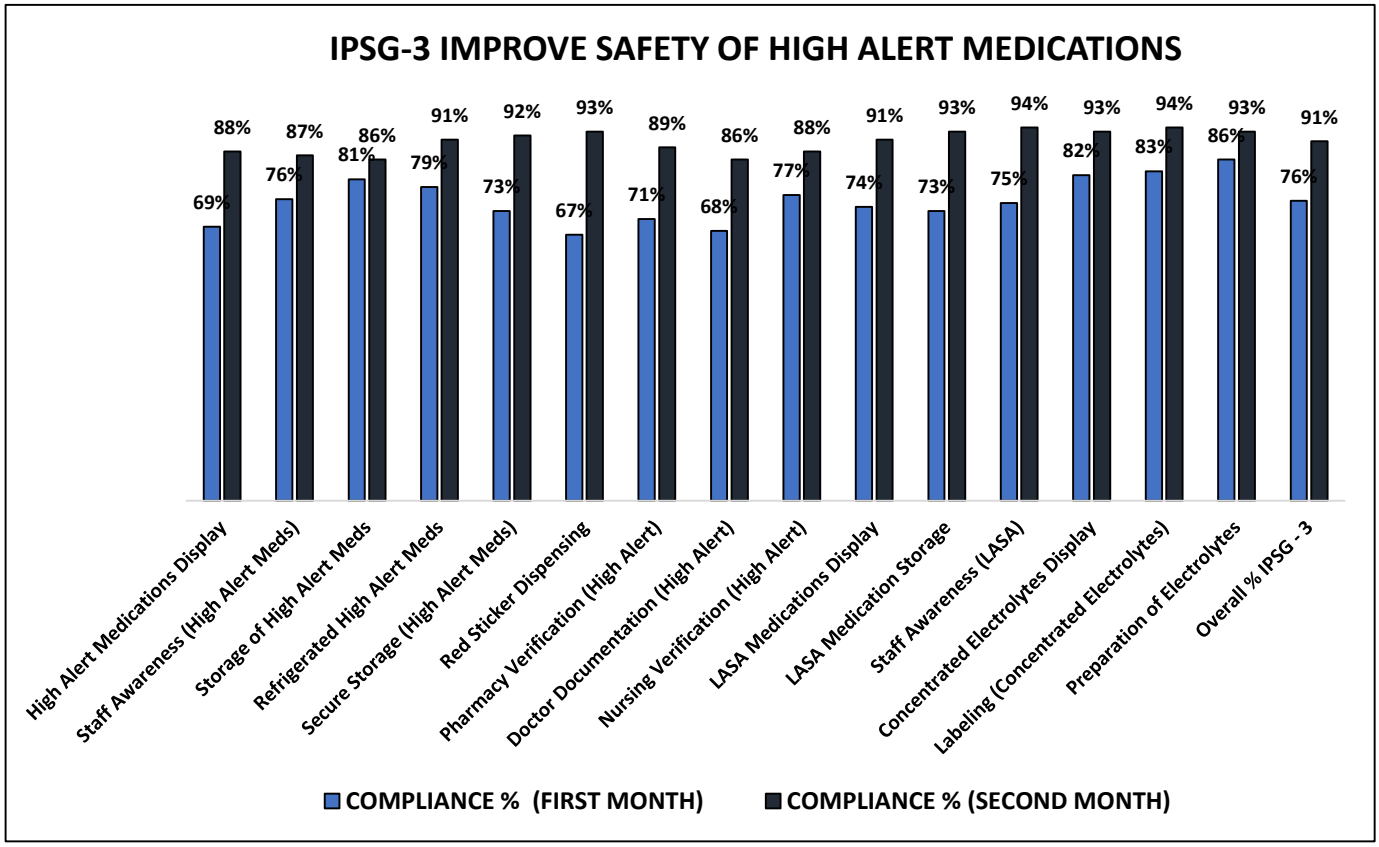
- Improved Quality and efficiency.
- Suggestion and recommendation for JCI Accreditation.
- It helps us in the preparation of accreditation process as experienced by tertiary super speciality hospital will help in significantly improved patient safety indicators and perception of hospital staffs is correlated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

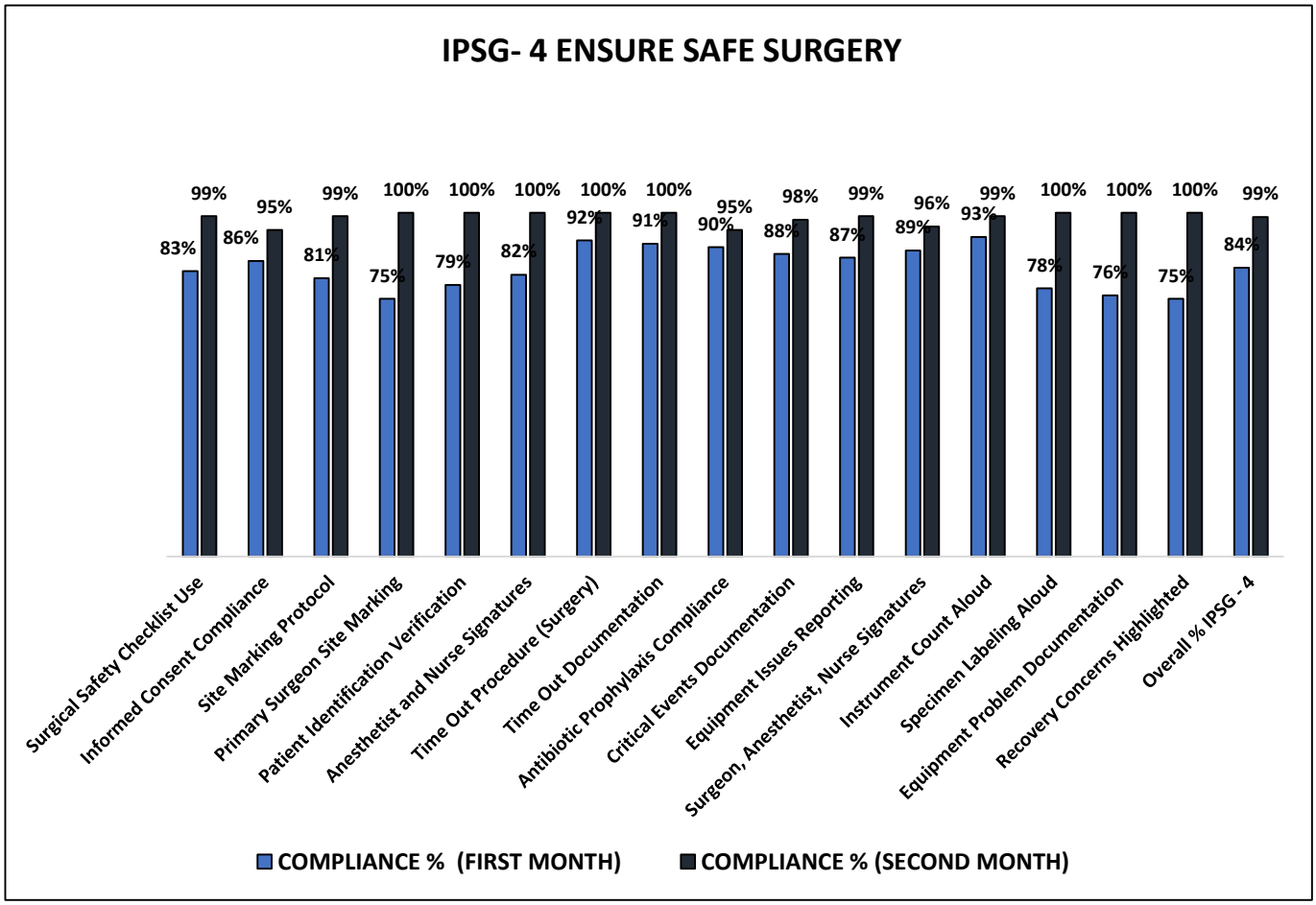
RESULTS:

SAMPLE SIZE (n = 450 Patient Records)

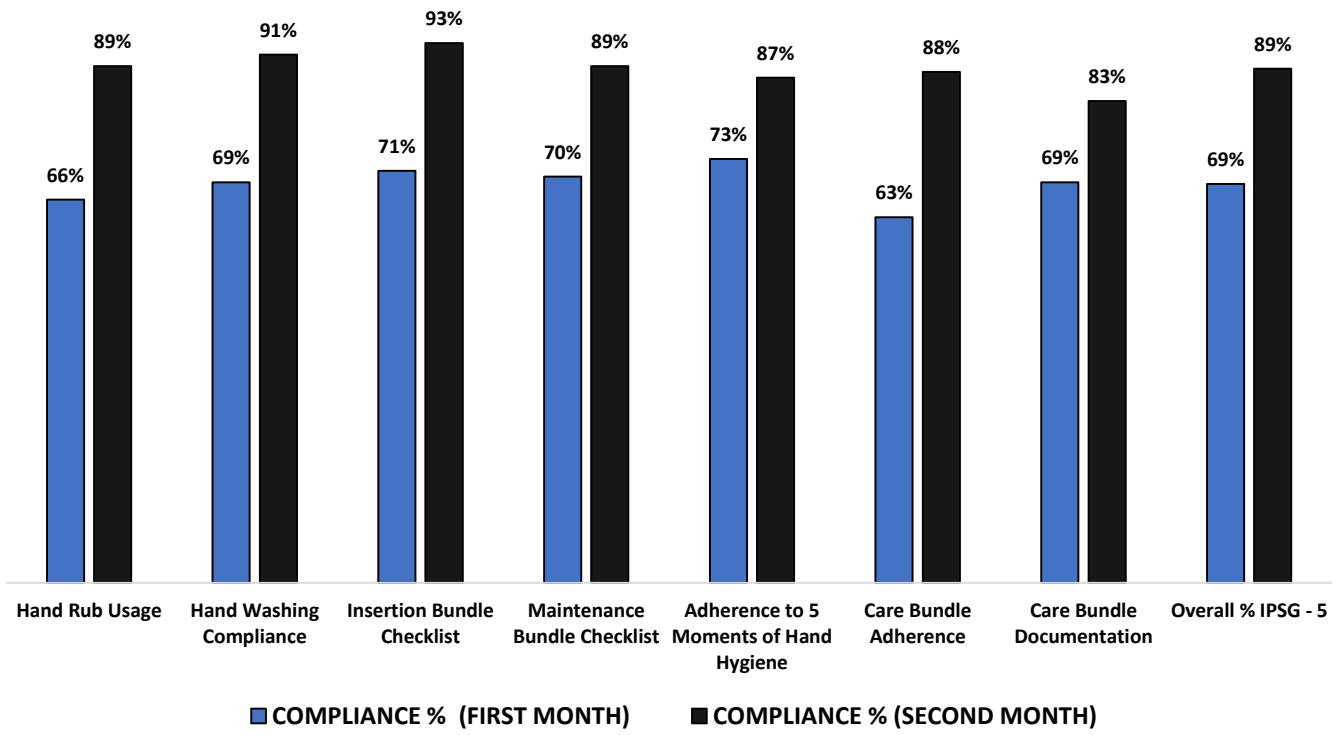




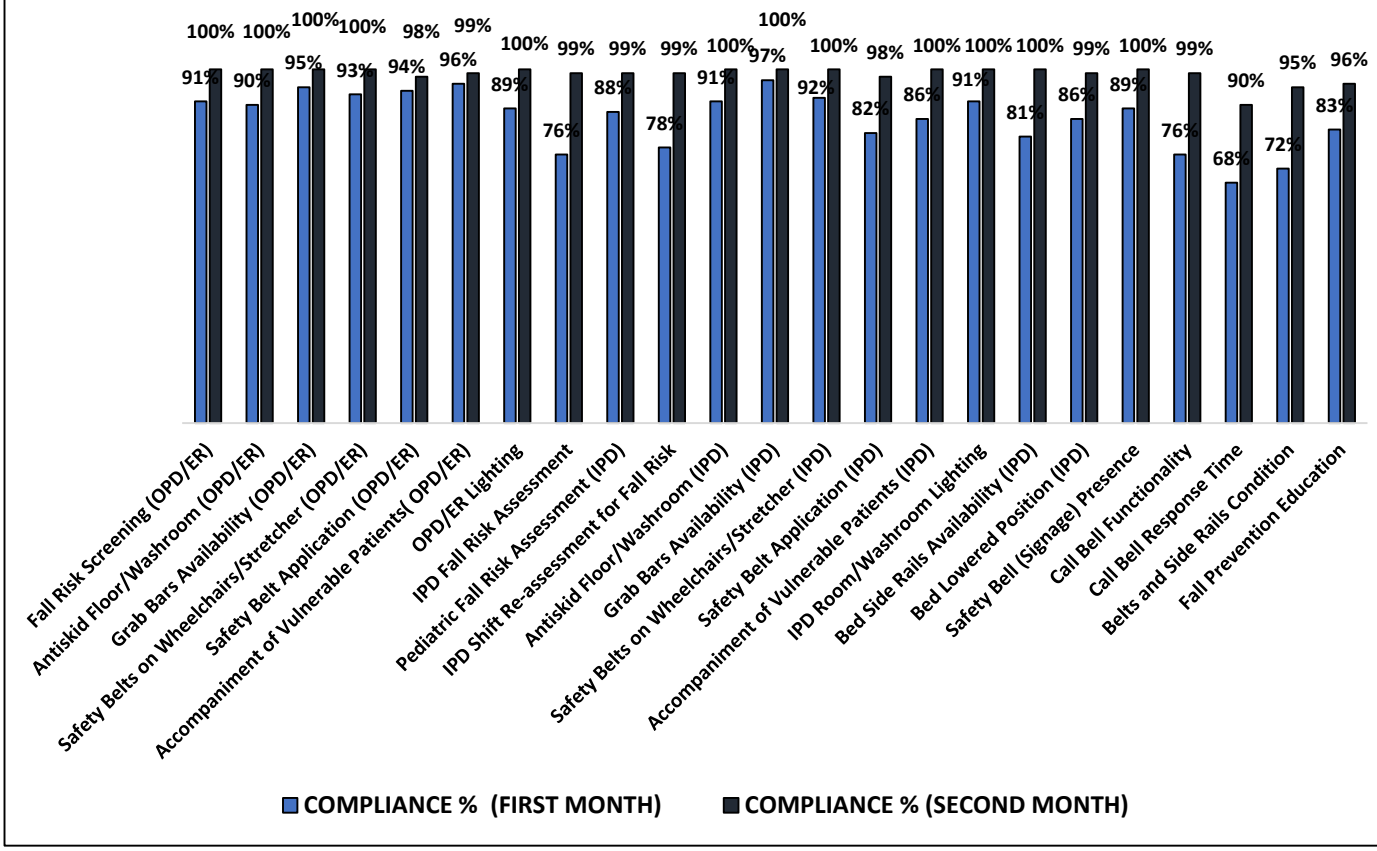

IPSG-3 IMPROVE SAFETY OF HIGH ALERT MEDICATIONS
69%
88%
76%
87%
81%
86%
79%
91%
73%
92%
67%
93%
71%
89%
68%
86%
77%
88%
74%
91%
73%
93%
75%
94%
82%
93%
83%
94%
86%
93%
76%
91%
High Alert Medications Display
Staff Awareness (High Alert Meds)
Storage of High Alert Meds
Refrigerated High Alert Meds
Secure Storage (High Alert Meds)
Red Sticker Dispensing
Pharmacy Verification (High Alert)
Doctor Documentation (High Alert)
Nursing Verification (High Alert)
LASA Medications Display
LASA Medication Storage
Staff Awareness (LASA)
Concentrated Electrolytes Display
Labeling (Concentrated Electrolytes)
Preparation of Electrolytes
Overall % IPSG - 3
COMPLIANCE % (FIRST MONTH)
COMPLIANCE % (SECOND MONTH)

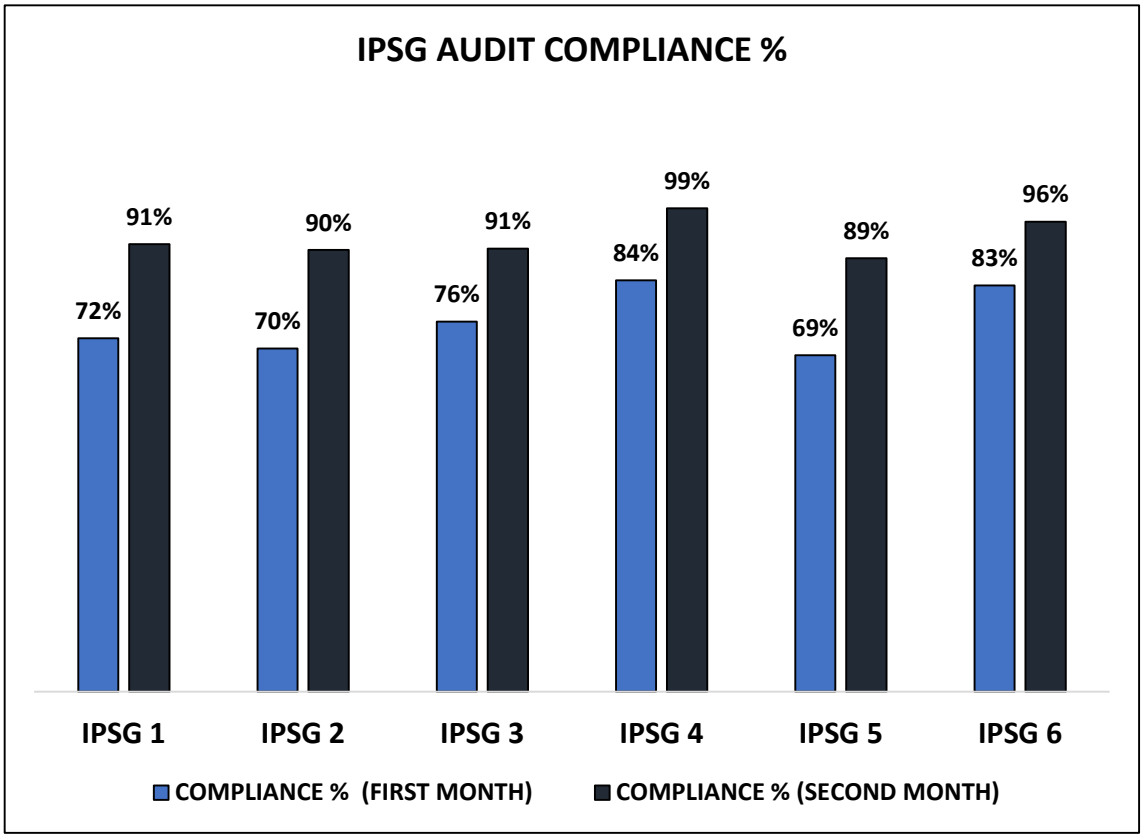

IPSG- 4 ENSURE SAFE SURGERY
83%
99%
86%
95%
81%
99%
75%
100%
79%
100%
82%
100%
92%
100%
91%
100%
90%
95%
88%
98%
87%
99%
89%
96%
93%
99%
78%
100%
76%
100%
75%
100%
84%
99%
Surgical Safety Checklist Use
Informed Consent Compliance
Site Marking Protocol
Primary Surgeon Site Marking
Patient Identification Verification
Anesthetist and Nurse Signatures
Time Out Procedure (Surgery)
Time Out Documentation
Antibiotic Prophylaxis Compliance
Critical Events Documentation
Equipment Issues Reporting
Surgeon, Anesthetist, Nurse Signatures
Instrument Count Aloud
Specimen Labeling Aloud
Equipment Problem Documentation
Recovery Concerns Highlighted
Overall % IPSG - 4
COMPLIANCE % (FIRST MONTH)
COMPLIANCE % (SECOND MONTH)

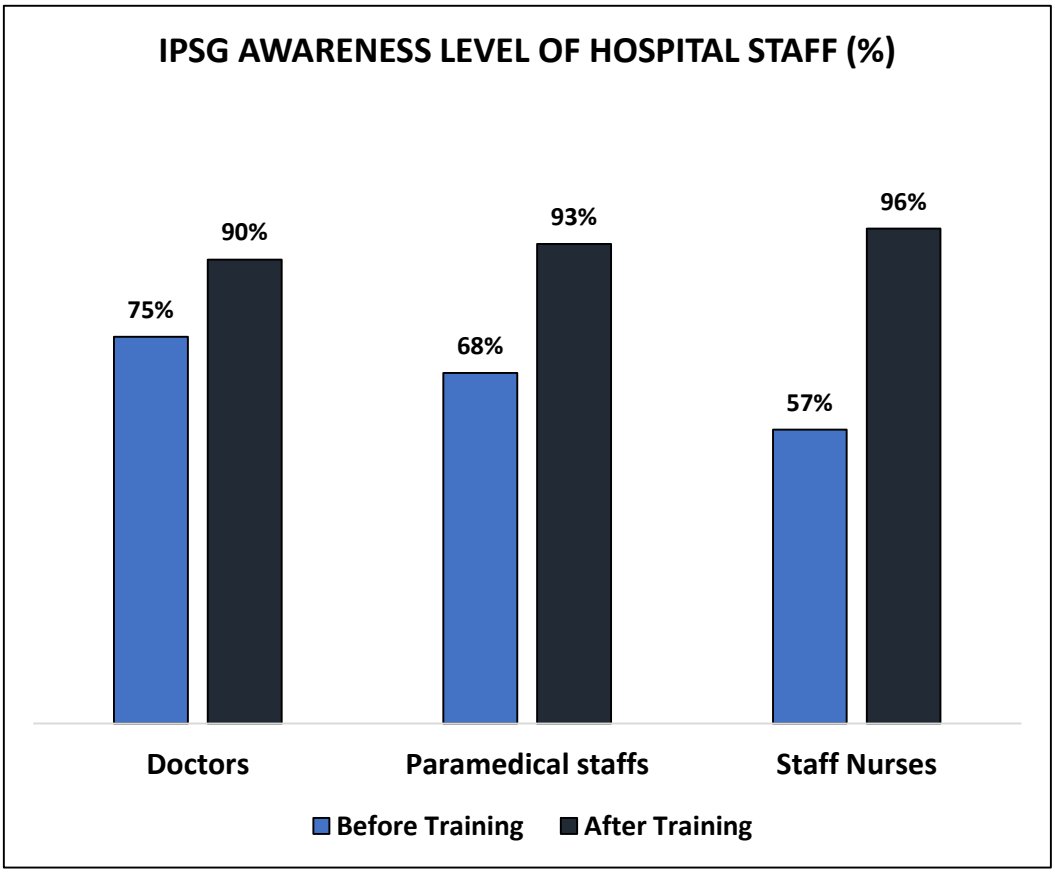
IPSG-5 REDUCE THE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS



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




IPSG AUDIT COMPLIANCE %
72%
91%
70%
90%
76%
91%
84%
99%
69%
89%
83%
96%
IPSG 1
IPSG 2
IPSG 3
IPSG 4
IPSG 5
IPSG 6
COMPLIANCE % (FIRST MONTH)
COMPLIANCE % (SECOND MONTH)


IPSG AWARENESS LEVEL OF HOSPITAL STAFF (%)
75%
90%
68%
93%
57%
96%
Doctors
Paramedical staffs
Staff Nurses
Before Training
After Training

DISCUSSION:

IPSG 1:

During first month of IPSG Audit in various wards such as Emergency, Dialysis, Endoscopy, and IPD, patient observations were conducted. According to the data collected, 72% of IPSG 1 patients were compliant, while 28% were not. Non-compliance occurred primarily because hospital staff did not adhere to policy regarding securing ID bands on patients, verifying patient identification before procedures, treatments, investigations, medication administration, meal service, and blood transfusions. Following training on patient identification as per policy for IPSG 1, a subsequent audit conducted the following month revealed an overall improvement, with the compliance rate increasing to 91% and non – compliance 9 %.

IPSG 2:

Based on the data collected, in the first month, compliance with IPSG 2 was 70%, with 20% non-compliance attributed to doctors in departments such as IPD, general surgery, cardiology, obstetrics & gynaecology, neurology, orthopaedics, surgical oncology, nephrology, urology, ENT, BMT, and gastro & liver HDU failing to complete the doctor handover register, accounting for 26% of cases. Additionally, in 14% of critical report instances, actions taken were undocumented with no specified timing. However, by the second month, IPSG 2 compliance had improved significantly to 90%.

IPSG 3:

In the first month, IPSG 3 achieved a compliance rate of 76% based on the collected data. Within this, 82% compliance was noted in securely locking and storing concentrated electrolytes separately, as well as accurately listing and storing high-risk medications and LASA pharmaceuticals separately. However, issues arose with handling look-alike medications, where 26% lacked pink color-coded stickers, and sound-alike medications lacked blue color-coded stickers. Additionally, the high-risk medication record was not updated in 19% of cases. Furthermore, 26% of overall non-compliance was attributed to staff lacking awareness regarding the storage of high-risk medicines. In the second month following training, there was an improvement in IPSG- 3, with the compliance rate increasing to 91%.

IPSG 4:

In the first month, IPSG 4 achieved a compliance rate of 84% based on the gathered data. The audit focused on the sign-in, sign-out, and time-out process using a Surgical Safety Checklist. Compliance was assessed by the documentation of this checklist, which includes signing in (before anesthesia induction), conducting a time-out (before skin incision), and signing out (before patient leaves the operating room). Non-compliance, totalling 16%, was primarily attributed to improper use and documentation of the Surgical Safety Checklist according to protocol, incomplete filling of informed consent before surgery, and failure to adhere to protocol for site marking. Following training specifically tailored for OT staff in the second month, there was significant improvement in IPSG 4, with the compliance rate increasing to 99%.

IPSG 5:

Based on the data collected in the first month, IPSG 5 demonstrated a compliance rate of 69%. The primary reason for the 31% non-compliance was attributed to the failure to adhere to the five-moment hand hygiene routine and required hand hygiene measures. Additionally, there was inadequate maintenance of the care bundle checklist, insertion bundle checklist, and maintenance bundle checklist. Following training focused on hand hygiene protocols and the use of bundle checklists to reduce healthcare-associated infections, IPSG 5 showed improvement, achieving a compliance rate of 89%.

IPSG 6:

Based on the data collected in first month, IPSG 6 initially achieved a compliance rate of 83%. The 17% non-compliance was due to insufficient documentation of fall risk assessment and reassessment in IPD wards, along with failures such as not applying seat belts during patient transport via wheelchair and neglecting to assist vulnerable patients. Following comprehensive training on IPSG 6 provided to all hospital staffs, the compliance rate significantly improved to 96%.

Over the course of two months, compliance rates for IPSGs showed significant improvements:

- IPSG 1 rose notably from 72% to 91%.
- IPSG 2 increased steadily from 70% to 90%.
- IPSG 3 improved from 76% to 91%.
- IPSG 4 demonstrated a substantial increase from 84% to 99%.
- IPSG 5 showed improvement, moving from 69% to 89%.
- IPSG 6 saw an increase from 83% to 96%.

These results underscore the effectiveness of targeted interventions and training initiatives in enhancing adherence to healthcare standards across different IPSGs.

IPSG AWARENESS LEVEL AMONG STAFFS:

The impact of training sessions on IPSG awareness among different hospital staff categories is that before IPSG training, doctors showed 75% awareness, which increased to 90% afterward. Nurses experienced a notable improvement from 57% to 96%, while paramedics' awareness rose from 68% to 93%. These results indicate that the training effectively enhanced IPSG understanding across all staff groups, highlighting the effectiveness of targeted educational initiatives in improving compliance with healthcare standards.

➢ CONCLUSION:

While the compliance rates reported are satisfactory, hospitals must consistently strive for improvement. Non-compliance among staff was found to stem from either insufficient expertise or heavy workloads that hinder implementation, sometimes a combination of both. Doctors and medical professionals cited inadequate training as a reason for their non-compliance, whereas nurses, despite attending training sessions, sometimes failed to recognize or apply the knowledge gained. Moreover, some employees lacked the foundational knowledge and motivation needed to effectively implement required interventions.

➢ RECOMMENDATIONS FOR HOSPITAL:

- Conduct regular training sessions on fall prevention and wheelchair safety.
- Implement frequent documentation audits to ensure compliance with IPSG standards.
- Launch awareness campaigns on hospital-acquired infections and hand hygiene practices.
- Establish a continuous quality improvement framework with feedback mechanisms.
- Recognize and reward staff for adherence to IPSG guidelines and provide constructive feedback as needed.

- **Annexures:** Informed Consent

Informed Consent for "A Study on adherence to International Patient Safety Goals with JCI Standards at a Super Speciality Tertiary Care Hospital in India"

"I have been explained about the study titled **- A Study on adherence to International Patient Safety Goals with JCI Standards at a Super Speciality Tertiary Care Hospital in India**. The objective of this study is to introduce IPSG's six essential principles to healthcare personnel who should emphasize patient safety.

I have to complete a survey regarding IPSG awareness. If I agree to participate, I will be involved in the audit process as an auditee, where auditor will take my interview regarding Patient Safety. Also, I will be requested to complete Pre – Test and Post – Test questionnaire covering all elements of IPSGs. The survey will take about 15- 20 minutes.

I understand participating in this study has no known risks. By contributing, I may help to give useful information that may enhance the quality of treatment while also assisting us in the preparation of the JCI accreditation process. The study is being conducted under the supervision of the hospital's quality department, and there will be no effect on the patients' care, as well as their privacy and confidentiality.

Responses will be kept confidential to the degree permitted by law. My identity will not be revealed in any reports or publications arising from this study.
I understand that my participation in the study is purely voluntary and I may choose to withdraw from the study at any point if necessary.

By signing here, I acknowledge that I have read and understood the information and have given my informed consent to willingly engage in this research project.

Participant's Signature: **Investigator's Signature:**

Date:

Place:

Release Authorization: The Document is released for the Research purpose.

(Confidential for Internal Use Only)

ANNEXURE : IPSG Checklist (6 Goals) & Test Assessment Questionnaire For IPSG Awareness

IPSG-1: Identify Patient Correctly
Name of the Auditor: Name of the Auditee: Department Name: Designation: Doctor ☐ Staff Nurse ☐ Paramedical Staff ☐ Employee Id:
1. ID bands Present in patient left hand/ As per policy?
○ 0 ○ 1
2. Appropriateness of ID band according to patient status
○ 0 ○ 1
3. Completeness of ID band (UHID No, Name, age, sex, Consultant name, IP No.)
○ 0 ○ 1
4. Before shifting the patient to the ward/ICU/LR from admission desk
○ 0 ○ 1
5. Verify order for treatment/ procedure in the patient record?
○ 0 ○ 1
6. Patient is identified using ID band / before treatment & procedure?
○ 0 ○ 1
7. Verbal reconfirmation of identification done (if applicable)
○ 0 ○ 1
8. Before indenting the medication from ward/ICU
○ 0 ○ 1
9. Before dispensing medication from pharmacy
○ 0 ○ 1
10. Administration of medication
○ 0 ○ 1

11. Administration of blood/blood product
○ 0 ○ 1
12. Collection of blood/ blood/ another sample
○ 0 ○ 1
13. Shift hand over.
○ 0 ○ 1
14. Inter departmental transfer of patients.
○ 0 ○ 1
15. Invasive & Non-invasive procedures (Radiology, Endoscopy, Cath lab, Dialysis, OT procedure, peripheral/ central line insertion etc.)
○ 0 ○ 1
16. Before Serving meal
○ 0 ○ 1
17. Whether patient identification policy is followed for unknown and comatose patients
○ 0 ○ 1
18. Whether patient identification policy is followed for newborn baby and express breast milk (EBM)
○ 0 ○ 1
19. Whether diet being served is labelled or not?
○ 0 ○ 1
20. Whether medicine being administered is labelled or not?
○ 0 ○ 1
21. Awareness of patient and family about correct patient identification
○ 0 ○ 1
• Corrective Action Taken
• Remarks

IPSG-2: Improve Effective Communication
Name of the Auditor: Name of the Auditee: Department Name: Designation: Doctor ☐ Staff Nurse ☐ Paramedical Staff ☐ Employee Id:
1. Whether nursing shift handover done or not?
○ 0 ○ 1
2. Whether Signature, Emp ID, Date, Time & Shift mentioned or not?
○ 0 ○ 1
3. Whether doctor shift handover done or not?
○ 0 ○ 1
4. Whether Signature, Emp ID & Registration No, Date, Time & shift mentioned or not?
○ 0 ○ 1
5. Whether Transfer Form was filled by appropriately or not?
○ 0 ○ 1
6. Whether Signature, Name, Date & Emp ID or Reg. No of Handover given by the doctor is documented or not?
○ 0 ○ 1
7. Whether Interhospital transfer summary filled or not?
○ 0 ○ 1
8. Whether Signature, Name, Date & Emp ID or Reg. No of Handover taken by the doctor of receiving hospital is documented or not?
○ 0 ○ 1
9. Whether verbal orders/ telephonic orders are documented?
○ 0 ○ 1
10. Read Back Done or not?
○ 0 ○ 1
11.Documentation done or not?
○ 0 ○ 1

12. Countersign by the consultant done or not?
○ 0 ○ 1
13. Whether Critical results are initiated by Lab /Radiology or not?
○ 0 ○ 1
14. Whether read back followed by Lab/Radiology staff?
○ 0 ○ 1
15. Is it documented in Lab /Radiology Critical value intimation Register or Not?
○ 0 ○ 1
16. Is it documented in user department Critical value Register by the nurse?
○ 0 ○ 1
17. Whether nurse has informed to duty doctor?
○ 0 ○ 1
18. Whether duty doctor informed to primary consultant?
○ 0 ○ 1
19. Whether duty doctor documented in critical value register?
○ 0 ○ 1
20. Whether duty doctor documented and stamped in doctors progress notes?
○ 0 ○ 1
21. Whether nursing staff implemented the doctor's orders?
○ 0 ○ 1
22. Whether 1 Hour TAT have been followed or not?
○ 0 ○ 1
23. Whether critical value informed to and informed by, is mentioned in the critical value registers?
○ 0 ○ 1
Corrective Action Taken
Remarks

IPSG-3: Improve the Safety of High-Alert Medications
Name of the Auditor: Name of the Auditee: Department Name: Designation: Doctor ☐ Staff Nurse ☐ Paramedical Staff ☐ Employee Id:
1. Whether List of high alert medications displayed at the nursing station of ward/ICU?
○ 0 ○ 1
2. Whether Doctor /Nursing /Pharmacy staff is aware of high alert medication
○ 0 ○ 1
3. Whether storage of high alert medication is appropriate?
○ 0 ○ 1
4. Whether high alert medication in refrigerator is stored appropriately?
○ 0 ○ 1
5. Whether high alert medication is placed in secured cupboard?
○ 0 ○ 1
6. Whether high alert medication is dispensed with red sticker by the pharmacy?
○ 0 ○ 1
7. Whether verification of high alert medication is done by two pharmacy staff before dispensing?
○ 0 ○ 1
8. Whether high alert medication documented appropriately by the doctor in medication chart?
○ 0 ○ 1
9. Whether verification of high alert medication is done by two nursing staff before administration?
○ 0 ○ 1
10. Whether List of LASA medications displayed at the nursing station of ward/ICU?
○ 0 ○ 1
11. Whether LASA Medication are stored as per the documented policy?
○ 0 ○ 1

12. Whether Doctor /Nursing /Pharmacy staff is aware of LASA?
○ 0 ○ 1
13. Whether list of concentrated Electrolytes is displayed at the nursing station of ward/ICU?
○ 0 ○ 1
14. Whether concentrated electrolytes are separately labelled and appropriate warnings displayed as per policy?
○ 0 ○ 1
15. Whether preparation of concentrated electrolytes is appropriately done or not?
○ 0 ○ 1
Corrective Action Taken
Remarks

IPSG-4: Ensure Safe Surgery
Name of the Auditor: Name of the Auditee: Department Name: Designation: Doctor ☐ Staff Nurse ☐ Paramedical Staff ☐ Employee Id:
1. Whether Surgical Safety Checklist /procedural safety checklist is used & documented appropriately or not?
○ 0 ○ 1
2. Whether informed consent is taken for Anesthesia, surgery, Blood transfusion, high risk in the language that patient understands?
○ 0 ○ 1
3. Whether site marking done or not as per hospital policy?
○ 0 ○ 1
4. Whether site marking is done by the primary surgeon or member of surgical team?
○ 0 ○ 1
5. Whether two identifiers are used for patient identification/procedure and documented in SSCL?
○ 0 ○ 1
6. Whether legibly signed by Anesthetist & Nurse?
○ 0

○ 1
7. Whether time out is performed before starting the surgery?
○ 0 ○ 1
8. Whether completion of timeout is documented including date & time?
○ 0 ○ 1
9. Whether antibiotic prophylaxis is given as per the policy?
○ 0 ○ 1
10. Are the anticipated critical events are documented?
○ 0 ○ 1
11. Any equipment related issues or concerns are documented?
○ 0 ○ 1
12. Whether legibly signed by Surgeon, Anesthetist & Nurse?
○ 0 ○ 1
13. Whether instruments, sponge & needle count done aloud and documented?
○ 0 ○ 1
14. Whether specimen labelling done aloud and documented?
○ 0 ○ 1
15.Any equipment problems identified, addressed and documented or not?
○ 0 ○ 1
16.Any key concerns for recovery and management of this patient highlighted?
○ 0 ○ 1
17. Whether legibly signed by circulating nurse with Emp ID
○ 0 ○ 1
Corrective Action Taken
Remarks

IPSG-5: Reduce the Risk of Health Care-Associated Infections
Name of the Auditor: Name of the Auditee: Department Name: Designation: Doctor ☐ Staff Nurse ☐ Paramedical Staff ☐ Employee Id:
1. Whether Hand rub being used ?
○ 0 ○ 1
2. Whether hand washing being done?
○ 0 ○ 1
3. Whether Insertion bundle checklist being followed?
○ 0 ○ 1
4. Whether Maintenance bundle checklist being followed?
○ 0 ○ 1
5. Whether Healthcare workers are adhering to 5 moments of hand hygiene protocol?
○ 0 ○ 1
6. Whether care bundles are being followed in areas applicable?
○ 0 ○ 1
7. Whether care bundles are appropriately filled?
○ 0 ○ 1
Corrective Action Taken
Remarks

IPSG-6: Reduce the Risk of Patient Harm Resulting from Falls
Name of the Auditor: Name of the Auditee: Department Name: Designation: Doctor ☐ Staff Nurse ☐ Paramedical Staff ☐ Employee Id:
1. Whether all patients are screened for risk for Fall in OPD/ER?
○ 0 ○ 1
2. Whether floor of the washroom is antiskid and kept dry in OPD/ER?
○ 0 ○ 1
3. Whether grab bars are available in the washroom in OPD/ER?
○ 0 ○ 1
4. Whether wheelchairs and stretchers having safety belts in OPD/ER?
○ 0 ○ 1
5. Whether safety belts are applied while transporting in OPD/ER?
○ 0 ○ 1
6. Whether vulnerable patients are accompanied in OPD/ER?
○ 0 ○ 1
7. Whether OPD /ER is well lighted?
○ 0 ○ 1
8. Whether all patients are assessed for risk for fall in IPD?
○ 0 ○ 1
9. Whether pediatric fall risk assessment being done in IPD?
○ 0 ○ 1
10. Whether patient is re-assessed for risk for fall in each shift in IPD?
○ 0 ○ 1
11. Whether floor/room washrooms are antiskid and kept dry?
○ 0 ○ 1
12. Whether grab bars are available in the washroom in IPD?

○ 0 ○ 1
13. Whether wheelchairs and stretchers having safety belts in IPD?
○ 0 ○ 1
14. Whether safety belts are applied while transporting from IPD?
○ 0 ○ 1
15. Whether vulnerable patients are accompanied?
○ 0 ○ 1
16. Whether patient room and washroom is well lighted?
○ 0 ○ 1
17. Whether bed side rails are available and kept up ?
○ 0 ○ 1
18. Whether bed is at the lower position?
○ 0 ○ 1
19. Whether safety bell (signage) is placed at the patient side?
○ 0 ○ 1
20. Whether call bell is in working condition?
○ 0 ○ 1
21. Check for call bell response within 3 mins.
○ 0 ○ 1
22. Whether belts and side rails are intact and working properly?
○ 0 ○ 1
23. Whether fall risk prevention education given to the patient /or attendant?
○ 0 ○ 1
Corrective Action Taken
Remarks

Pre – Test Questionnaire for IPSG Awareness
Name: **Department:** **Staff Category:** **Employee ID:**
1. Identify patient correctly using patients full name and…...?
a. Bed Number b. UHID c. Age d. Room Number
2. How to identify unknown patient before performing procedure/ treatment?
a. Check DOB & Address with family member **b. Check patient age & full name with family member** **c. Check DOB & full name with family member** **d. Check Bed Number & Patient Name with family member**
3. The label "MUST BE DILUTED" shall be used for...?
a. LASA drugs b. Anti-coagulant c. Concentrated Electrolytes. D. Antibiotic
4. What are the correct fall preventive measures for high-risk patients?
a. Educate patient to use call bell when needed. **b. Ensure no slippery floor.** **c. Advice to wear proper footwear** **d. All**
5. Improve Effective Communication is?
a. IPSG 4 b. IPSG 5 c. IPSG 1 d. IPSG 2
6. Ensure correct site, procedure, patient apply on?
a. IPSG 6 b. IPSG 5 c IPSG 4 d. IPSG 3
7. Hand Hygiene performed by HCP to avoid?
a. Cross contamination, b. HCAI c. Infections d. Diseases
8. What is the most effective way to prevent the spread of infection?
a. **Covering your mouth when cough** b. **Wearing a face mask** c. **Washing your hands** d. **Avoid sharing drinks & food.**
9. Correct step for taking down of verbal order?
a. Write down, read, confirmed & document. **b. Write down, document, read back & confirmed** **c. Read back, write down, confirmed & document** **d. Document, read back , write down & confirmed.**
10. Site marking in neonates mark by?
a. Non-permanent marker **b. Permanent marker** **c. Skin Marker** **d. Ink Pen**

Marks Obtained:
Total Marks: 10

Post– Test Questionnaire for IPSG Awareness

Name:
Department:
Staff Category:
Employee ID:

1. **Improve Effective Communication is?**

a. **IPSG 4 b. IPSG 5 c. IPSG 1 d. IPSG 2**

2. **What is the most effective way to prevent the spread of infection?**

a. **Covering your mouth when cough**
b. **Wearing a face mask**
c. **Washing your hands**
d. **Avoid sharing drinks & food.**

3. **Site marking in neonates mark by?**

a. **Non-permanent marker**
b. **Permanent marker**
c. **Skin Marker**
d. **Ink Pen**

4. **Correct step for taking down of verbal order?**

a. **Write down, read, confirmed & document.**
b. **Write down, document, read back & confirmed**
c. **Read back, write down, confirmed & document**
d. **Document, read back, write down & confirmed.**

5. **Identify patient correctly using patients full name and…...?**

a. **Bed Number b. UHID c. Age d. Room Number**

6. **Ensure correct site, procedure, patient apply on?**

b. **IPSG 6 b. IPSG 5 c IPSG 4 d. IPSG 3**

7. **The label "MUST BE DILUTED" shall be used for...?**

a. **LASA drugs b. Anti-coagulant c. Concentrated Electrolytes. d. Antibiotic**

8. **Hand Hygiene performed by HCP to avoid?**

a. **Cross contamination, b. HCAI c. Infections d. Diseases**

9. **How to identify unknown patient before performing procedure/ treatment?**

a. **Check DOB & Address with family member**
b. **Check patient age & full name with family member**
c. **Check DOB & full name with family member**
d. **Check Bed Number & Patient Name with family member**

10. **What are the correct fall preventive measures for high-risk patients?**

a. **Educate patient to use call bell when needed.**
b. **Ensure no slippery floor.**
c. **Advice to wear proper footwear**
d. **All**

Marks Obtained: **Total Marks: 10**

- **PICTORIAL JOURNEY**

➢ REFERENCES:

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