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INTRODUCTION / BACKGROUND

Patient safety is a fundamental element of healthcare and is defined as freedom for a patient from unnecessary harm. Failure to deliver safe care is attributed to unsafe clinical practices, processes & poor systems.

Successful & thorough implementation of safety goals build the culture of safety and minimize the incidents related to patient harm.

AIM

To create an environment where there will be no avoidable injury or harm to the patient from care they receive

STUDY DESIGN/ METHODOLOGY

Duration - 3.5 years & Ongoing

Sample - Average 300 patients /audit

Inclusion - All patient care areas

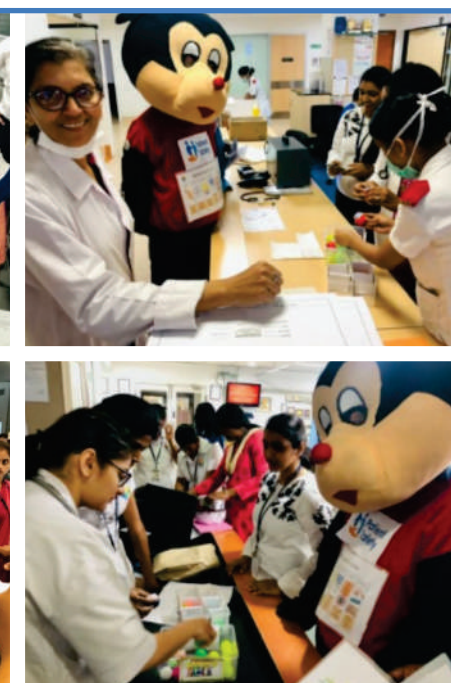
Toolkit: IPSPG checklist (includes all 6 patient safety goals)

OBJECTIVES

- To assess the compliance to Patient Safety Goals
- Check staff awareness regarding patient & workplace safety
- Root cause of the gaps observed and develop sustainable solutions
- Training, retraining & continual education
- Ensure high level safety at all times

PRE AUDIT

- Data collection
- Data analysis to check for compliance & gaps.
- Survey of onground safety culture & staff understanding on healthcare safety

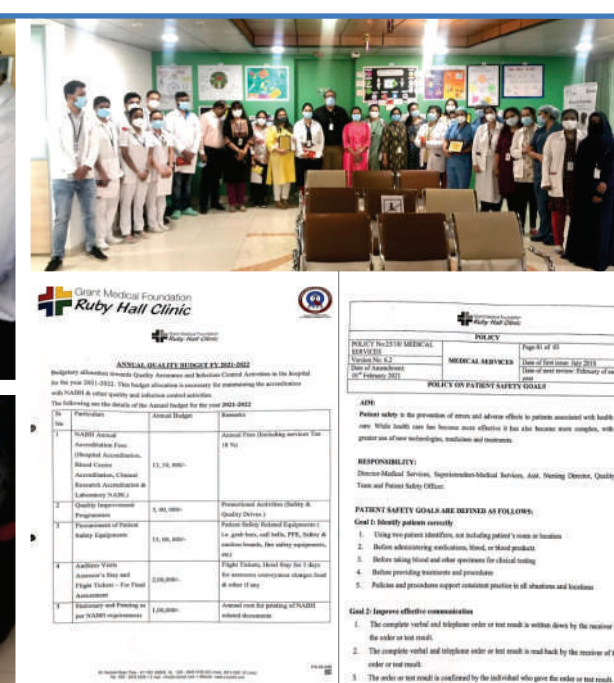


TRAINING AND AWARENESS

- Thorough training of staff on safety goals & safety culture, Patient & family education
- Poster/ digital displays for visual learning
- Awareness drive across the hospital
- Review hospital policies on safety
- Edutainment activities for easy learning

SUSTAINANCE AUDITS

- Post audit to check improvements
- Drives at regular intervals to ensure compliance
- Reinforcements through audits & rounds
- Budget allocation for Safety measures
- Sustain continual compliance



DISCUSSION & FINDINGS

In the first audit which was conducted in July 2018 overall compliance to patient safety goals was found average **(68%)** with minimum adherence to **goal 2 (56.6%) & goal 6 (59.6%)**.

Post audit done in September 2018 showed significant improvement in all goals **(overall 82.6% from 68%)**.

Subsequent similar audits and drives were done every year to maintain & ensure sustained compliance within the organization.

GAPS IDENTIFIED	PROCESS CHANGE
Patient identification-using TWO identifiers	Practice of greeting patient with full name, Use of barcode to cross verify patient details, Regular silent audit to check compliance
Uniformity in shift wise handovers	Implementation of standardized Handing over register, Monthly audits with timely CAPA, Frequent meeting with doctors
Countersignatures on Verbal orders	Modification in medication chart to include verbal orders, Daily supervisory rounds by Medical/ Nursing & QA staff,
Surgical safety checklist adherence	Implementation of PAUSE sheet, Empowering OT nurse : Site marking before wheeling patient to OT, Link nurse concept & monthly checks, Timely Pre Op antibiotic prophylaxis with CAPA, Monthly compliance check
Hand hygiene (following 5 moments)	Use of 1 hour bell system, Separate Hand sanitizers for each patient, Monthly stock consumption verification to check adequate usage, Daily active surveillance & process audits, Hand hygiene champion rolling trophy, Hand Hygiene day celebration
Injuries from sharps	NSI prevention bundle implementation, Single use policy for insulin syringe & pen, No recapping poster on each fridge, Standardized procedure trolley with sharp disposal bin, Use of safety engineered devices 24x7, Easy availability Pre & Post exposure prophylaxis
Installation of Call bells & grab bars in few washrooms	Call bells & grab bars installed all across the hospital, Modification in Patient education form to include Fall prevention teaching, Display of bilingual Fall prevention boards
Antiskid tiles / mats in bathrooms	Provided Antiskid mats in all bathroom, One hourly mopping to keep bathrooms dry, Monthly facility audits



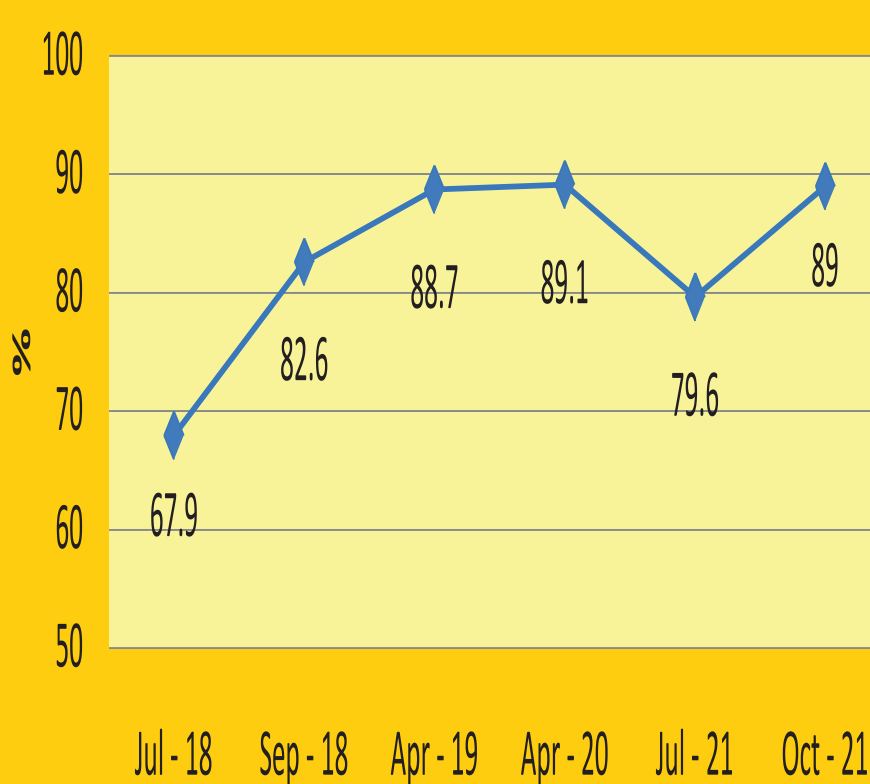
RESULTS

There was considerable improvement in adherence to patient safety goals since we initiated this project in July 2018. Within a year of implementation, the overall compliance increased to **88.6%** from **68%**. Although few deviations were noted specially during the COVID pandemic, these were later improved through immediate interventions and constant focus. High compliance is observed for **goal 1 (94.5%)**, **goal 3 (95.4%) & goal 5 (94.6%)** consistently over last 3 years.

COMPLIANCE TO PATIENT SAFETY GOALS - 2018 TO 2021[In %]

IPSPG GOAL	Jul -18 (Pre Audit)	Sep-18 (Post Audit)	Apr-19	Apr-20	Jul-21	Oct-21 (post intervention)
1. Identify Patients Correctly	78.49	89.40	93.00	94.50	81.00	94.50
2. Improve Effective Communication	56.66	73.20	81.25	84.60	59.40	76.00
3. Safe Use of High Alert Medications	81.74	89.51	95.60	94.00	90.50	95.40
4. Ensure Correct-site, Correct procedure, correct-patient surgery	69.31	87.64	90.00	93.40	78.50	89.00
5. Reduce risk of Healthcare Associated Infections	61.21	74.62	87.20	89.00	93.60	94.60
6. Reduce risk of Patient Harm resulting from falls	59.63	81.50	85.00	79.00	74.40	84.20

Compliance to IPSPGs (in %)



CONCLUSION

Continuous efforts have helped us achieve overall good compliance to patient safety goals. Compliance dipped from overall 89% in 2020 to 79.5% in 2021 during COVID pandemic owing to isolation protocols, staff illness & attrition. Yet we bounced back to **89%** with our continued dedication. **We further aim to set a benchmark for healthcare safety, thus ensuring a harm free environment for our patients & stakeholders.**

QUALITY is everyone's responsibility & we never have to stop getting better!!