



DISSERTATION

At

PARK HOSPITAL SECTOR-47, GURUGRAM

TO ASSESS THE CLINICAL STAFF OF PARK HOSPITAL GURUGRAM'S AWARENESS
AND ADHERENCE TO INTERNATIONAL PATIENT SAFETY GOALS USING
OBSERVATIONAL RESEARCH.

BY

SHIWANI JHA

PG/20/076

Under the guidance of

DR. SUKESH BHARDWAJ

Post-graduate Diploma in Hospital and health Management

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International Institute of Health Management research, New Delhi

The certificate is awarded to

Name: SHIWANI JHA

in recognition of having successfully completed her Internship in the department of

QUALITY EXECUTIVE

and has successfully completed her Project on

**TO DETERMINE, AWARENESS, OBSERVATIONAL STUDY ADHERENCE TO
INTERNATIONAL PATIENT SAFETY GOALS AMONG THE CLINICAL
STAFF OF PARK HOSPITAL, GURUGRAM**

Date: 1st of February, 2022 to 15th June, 2022

Organization: PARK HOSPITAL, SECTOR 47 GURUGRAM

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

We wish her all the best for future endeavors.


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This is to certify that the dissertation titled "TO ASSESS THE CLINICAL STAFF OF PARK HOSPITAL GURUGRAM'S AWARENESS AND ADHERENCE TO INTERNATIONAL PATIENT SAFETY GOALS USING OBSERVATIONAL RESEARCH" and submitted by Shiwani Jha Enrolment No. PG/20/076 under the supervision of DR. SUKESH BHARDWAJ for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 22 APRIL 2022 to 22 JULY 2022 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


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Certificate from Dissertation Advisory Committee

This is to certify that Shiwani Jha, graduate student of PGDM (Hospital & Health Management) has worked under our guidance and supervision. He/she is submitting this dissertation titled "TO ASSESS THE CLINICAL STAFF OF PARK HOSPITAL GURUGRAM'S AWARENESS AND ADHERENCE TO INTERNATIONAL PATIENT SAFETY GOALS USING OBSERVATIONAL RESEARCH" in partial fulfilment 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 and other dissertation, monograph, report or book.

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FEEDBACK FORM

Name of the Student: SHIWANI JHA

Name of the Organization : PARK HOSPITAL , SEC-47 , GURGAON.

Area of Dissertation : Quality department .

Attendance: 100%

Objectives achieved: She has Sincerely Carried out day to day activities without any failures .

Deliverables: She is efficient in Communication & effectively manages the things around .

Strengths: - Keen to learn - Ability to manage & - Understands her responsibility well. organize work efficiently

Suggestions for Improvement:

- Build leadership Skills .
- Be - ever Confident - "Best of Luck" .

Signature of  V.K. Menta
Director of Quality
Park Group of Hospital

Date: 17th June-22

Place: Gurgaon

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At last, I would thank Doctors, Nurses and other medical staff for their cooperation, supportive and learning attitude. The administrative staff of the hospital been very helpful to me and I would like to express my deep gratitude to all.

Certificate of Approval

The following dissertation titled **"IPSG(International Patient Safety Goals)"** at **"Park Hospital, Gurugram"** 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

Dr. AK Agarwal

Dr. Nitish Agarwal

Dr. Manish Agarwal

Signature






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ABBREVIATIONS USED

- NABH- national Accreditation Board for Hospitals
- ISO- International Organization for Standardization
- ICU- Intensive care unit
- IPD- Inpatient Department
- OPD- Outpatient Department
- NICU-Neonatal Intensive care unit
- PICU-Pediatric Intensive care unit
- BMT- Bone marrow transplant
- HDU- High Dependency unit
- IVF- In-vitro fertilization

ORGANISATIONAL STRUCTURE



Introduction

“Park Hospital is the Fastest Growing Super Specialty chain of hospitals, Providing affordable Quality care”

In 1982, Dr. Ajit Gupta, Chairman, Park Group of Hospitals by the company PARK MEDICENTERS AND INSTITUTIONS PRIVATE LIMITED, envisaged the group to be a collection of medical services and facilities with commitment and compassion to deliver high quality patient-centric healthcare. This journey of social responsibility started with the establishment of the first hospital in Malviya Nagar, South Delhi. The first patient was admitted in 1982 in the 50 bedded hospital. As the good word spread far and wide of the relentless efforts of Dr. Gupta, the hospital grew exponentially with number of patients increasing tremendously. Consequently, a significant demand for new facilities in the city rose to a crescendo that led to an expansion to the hospital in 1984, with additional beds and multi-super specialties. The response of people was an inspiration for Dr. Gupta to focus on forming a chain of healthcare entities that can deliver high-end services in line with international standards in quality and services. There has been no looking back since then.

Park Group of Hospitals, equipped with world class facilities has witnessed incredible growth to become one of the most advanced and comprehensive healthcare institutions in the region. The name Park Group of Hospital was coined by Dr. Ajit Gupta and the tradition of his rich legacy is being carried forward by his son Dr. Ankit Gupta, Managing Director. Savvy about the current trends in the healthcare sector, Dr. Ankit Gupta

believes in maintaining the great reputation of the Park Group of Hospitals with business acumen for viability while sustaining the legacy of providing world-class medical services to people from all economic backgrounds. Passionate about introducing latest technologies for enabling complex surgical intervention for various super specialities, Dr. Gupta's visionary zeal was recognized with the 'Future Leader of Healthcare' Award conferred by the Vice-President of India.

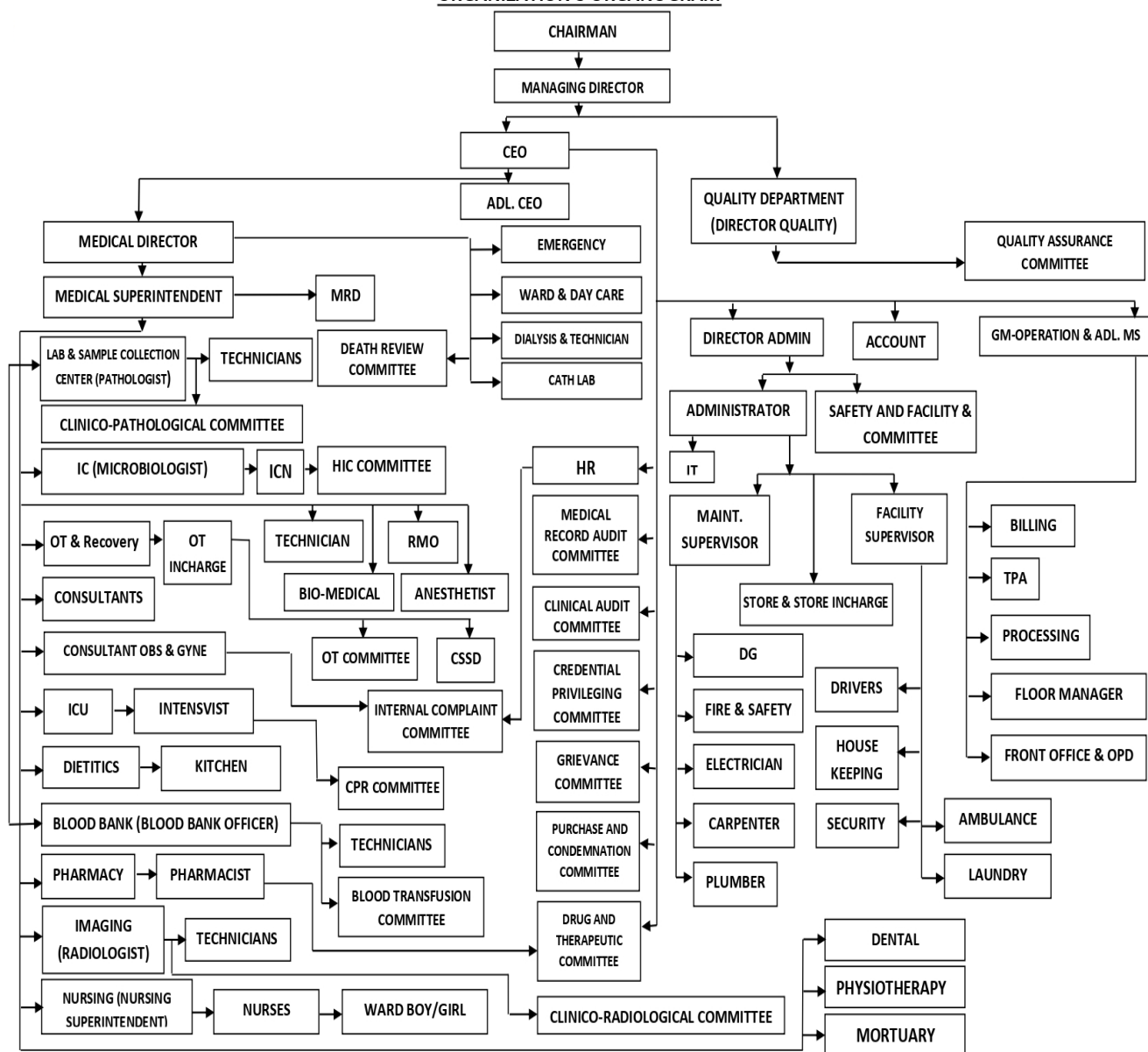
Park Hospital in Gurgaon

Park Hospital is based in Gurgaon and established in the year 2012. The hospital is one of the best private hospitals Gurgaon, India that offers contact numbers, Reviews and Ratings, facilities, services, photos, and Google maps listed on Hmsdesk. The address is Q Block South City 2, Sohna Rd, Main, Sector 47, Gurugram, Haryana 122001. The patient can get procedure costs by organ or specialty, book appointments of the hospital doctors, online consulting, download hospital profiles for more details.

Park Group of Hospitals is Super Speciality affordable hospitals in India and presently operating with over 1500 beds in Delhi NCR & Haryana. Park Hospital is that the best affordable hospital in North India which is NABH accredited and supply a comprehensive spectrum of advanced medical & surgical interventions with an ideal mixture of inpatient and outpatient services to patients of all age groups and social and economic backgrounds. Ajit Gupta and together with his rich experience, our Group has evolved together of the fastest growing chain of Super Speciality affordable hospitals in Delhi NCR & Haryana.

- Located on Gurgaon, Haryana
- Functional : April, 2012
- Sanctioned : 100
- Operational Beds : 100
- World-Class hospital architecture with premier advanced super specialty facilities.
- Park Hospital Gurgaon envisions of providing a comprehensive spectrum of advanced medical & surgical interventions with a perfect mix of inpatient and outpatient services to people of all social and economic backgrounds.

ORGANIZATION'S ORGANOGRAM



Chairman's message

Dr. Ajit Gupta strongly believes that affordable quality healthcare has unmatched potential in India. Widely travelled and an avid thinker and with a strong belief in healthcare, Dr. Ajit Gupta is guiding Park Group of Hospitals through times of changing economic and climatic challenges, with his strong leadership skills and belief and insight in the future of healthcare.

Centers of Excellence

Cardiac Surgery

Interventional Cardiology

Cancer Care Center

Obstetrics And Gynecology

Neurology, Spine and Neuro Surgery

Orthopedic, Joint replacement and Sports Medicine

Renal Sciences-Nephrology, Urology Kidney Transplant and Dialysis

Accreditations

Park Hospital is fastest growing chain of Affordable Super Speciality Hospitals in Delhi NCR and believe in providing Affordable and Quality Treatment.

We put more emphasis on disease prevention as early detection saves lives and money & consistently monitor, evaluate the treatment & our performances against industry standards to ensure improvement of quality through national accreditations.

NABH

Park Group of Hospitals are NABH (National Accreditation Board of Hospitals & Healthcare Providers) certified hospitals.

NABH is a constituent board of Quality Council of India, established to set up a benchmark of progress for healthcare industry of India. NABH carries out activities like accreditation of healthcare facilities, quality promotion, IEC activities, education and training for quality & patient safety, and endorsement of various healthcare quality courses/ workshops.

Vision

“Our hospital is committed for delivering high quality Personalized care to people of all ages and in every stage of life.”

Mission

“To be the leading healthcare provider, providing comprehensive Quality healthcare at affordable cost.”

Journey So far

- **1982 : SOUTH Delhi Clinic**
- **1991 : NAV JEEVAN Nursing Home (*Multi-Speciality*)**
- **1999 : PARK Sunil Hospital (*Multi-Speciality*)**
- **2006 : PARK Hospital West Delhi (*Multi-Speciality*)**
- **2012 : PARK Hospital Gurgaon, Haryana (*Multi-Speciality*)**
- **2013 : PARK Hospital, West Delhi (*Cancer-Speciality*)**
- **2014 : PARK Hospital, Faridabad, Haryana (*Multi-Speciality*)**
- **2014 : PARK Hospital, Hodal, Haryana (*Multi-Speciality*)**
- **2016 : PARK Hospital, Panipat, Haryana (*Multi-Speciality*)**
- **2017 : PARK Hospital, Karnal Haryana(*Multi -speciality*)**
- **2019 : THE SIGNATURE Hospital, Gurgaon Haryana (*Multi -speciality*)**
- **2019 : PARK Healing Touch Hospital, Ambala (*Multi- Speciality*)**
- **2020 : KAILASH Hospital, Behror (*Multi- Speciality*)**
- **2021 : METRO hospital, Gurgaon (Palam Vihar) (*Multi- Speciality*)**

- **2021** : NIDAAN Hospital, Sonipat (*Multi- Speciality*)
- **2022** : AMRC Hospital, Jaipur (*Multi-speciality*)

Projects in progress :

2022-23 : Ghaziabad, Mohali, Patiala, Rohtak

About Logo (The Caring Hands)

The two hands stand for care and help.

Blue: Color signifies Excellence



Orange: Indicates the Zeal for Care.

“The logo also assures People that they are in Safe and Caring Hands.”

Values

Respect-To people of all walks of life within the bounds of our services.

Ownership-Honesty, Fairness and self-scrutiny in everything we do.

You First-At Park Hospital, we are bound together by a commitment to care for one another, as well as to treat every stakeholder with respect, and every patient as a person of privilege by according them the highest standards of hospitality and patient care.

Accountability- To our clients and transparency within the whole Organization.

Leadership-Maintaining a stable, professional, well trained and Motivated work force.

Awards and Appreciations

- Most Valuable Admirable Hospital-Economic Times
- Best Multi Super Specialty Hospital – ABP News
- Best Multi Super Specialty Hospital in Delhi NCR-Indian Excellence Award
- Best Cancer Hospital, Delhi NCR –Health Care Summit
- Best Multi Super Specialty Award-E Health
- Excellence Award of Best Multi Super Specialty Hospital–Brand Better
- Best Healthcare Enterprise – Six Sigma
- Most Impactful Healthcare Leader (Global Listing) – CMO ASIA
- Best Achiever Award – Delhi Gaurav Award
- Gaurav of Haryana – CM Sh. Manohar Lal Khatta
- Future Leader of Healthcare–Vice President of India
- Young Upcoming Medical Entrepreneur – E-Health.

- Dynamic Entrepreneur of the year – Six Sigma

Achievements of Park group of Hospitals

- 40 years of Excellence
- All NABH Accredited Hospitals
- All Gold Rated Hospitals
- Approved for Post Graduate Courses
- DNB in different subjects
- Diploma in Critical Care
- Approved for Para Medical Courses
- Approved for Organ Transplant

Quality Objectives

- To provide the best quality patient care.
- Judicious use of drugs and appropriate interventions.
- Compliance with highest standard of medical ethics.
- Continued skills up-gradation and keeping abreast of latest development.
- To carry out all processes right at the first time, on time and every time.

Quality Assurance Systems

Documentation

- Apex Manuals
- Infection Control Manual
- Quality Assurance Manual
- Safety Manual
- Policies & Procedures
- Department Manuals
- Quality Indicators Monitoring
- Committees
- NABH Standards (5th Edition)

EMERGENCY CODES

- **CODE BLUE**-Cardiac Arrest
- **CODE RED**-Fire
- **CODE YELLOW**- External Disaster
- **CODE ORANGE**- Spill
- **CODE PINK**- Infant Abduction
- **CODE GREY**- Pandemic Alert
- **CODE VIOLET**- Aggressive Patient
- **CODE BLACK**- Bomb Threat
- **Dial -333 & Mention “name” the correct CODE and “the correct Location” (NCL)**
- **MEMBERS**

MEMBERS

CODE RED

- Security Officer
- Fire Security Officers
- Maintenance Incharge
- Patient Safety Officer
- Main Security Guard
- Area Wise Security Officer
- Nursing Incharge
- Team Leader
- Hospital Administrator

CODE ORANGE

- Hospital Safety Officer
- House Keeping Staff
- Area Wise Security Guard
- Team Leaders Of Departments

CODE BLUE

- Anaesthetist/Intensivist

- Physician
- Icu Incharge
- Doctors On Duty (Rmo)
- Department Nurse On Duty
- Security Guard
- Ward Boy

CODE PINK

- Security Officer
- Security Guard
- Hospital Safety Officer
- Hospital Administrator
- Nursing Superintend
- Nurses

CODE VIOLET

- Assistant General Manager
- Nursing Incharge
- Physician
- RMO
- Nurse On Duty
- Ward Boy
- Security Guard
- Patient Safety Officers

CODE BLACK

- Security Head
- Security Guard
- Hospital Safety Officer
- Hospital Administrator

- Maintenance Head

CODE GREY

- Infection Control Officer
- Infection Control Nurse
- CEO
- Managing Director

Committees

<u>Committee</u>	<u>Chairperson</u>
1. Quality Assurance Committee	Director Quality
2. Hospital Safety & Facility Committee	Director Admin
3. Blood Transfusion Committee	HOD Blood Bank
4. Drugs and Therapeutic Committee	CEO
5. Code Blue Committee	Intensivist
6. Infection Control Committee	Microbiologist
7. Grievance Committee	CEO
8. Purchase and Condemnation Committee	CEO
9. Credential and Privileging Committee	CEO
10. Internal Complaint Committee	Consultant O&G
11. Death Audit Review Committee	Medical Director
12. OT Committee	HOD OT
13. Clinico-Radiological Committee	Radiologist
14. Clinico-Pathological Committee	Pathologist
15. Medical Records Audit Committee	CEO
16. Clinical Audit Committee	CEO

Community it Serves

“Our group is providing quality medical care to Common people at affordable rates. We have all Government, Semi-Government, Corporate, Military, Paramilitary and all TPA Empanelment's.”

Scope of Services

Clinical Services

- Anesthesiology
- Emergency Medicine
- General Medicine
- General Surgery Including Laparoscopic surgery & Surgical Oncology
- Obstetrics & Gynecology Including High Risk Pregnancy
- Ophthalmology
- Orthopedic Surgery
- Otorhinolaryngology
- Pediatrics
- Nephrology including dialysis
- Dental Science
- Dermatology & Venereology
- Gastroenterology (Medical)
- Cardiology – Invasive & Non – Invasive
- Cardiothoracic & Vascular Surgery
- Critical & Intensive Care
- Neurology
- Neurosurgery
- Oncology (Medical, Radiation)
- Plastic and Reconstructive Surgery
- Urology

Laboratory Services

- Clinical Biochemistry

- Clinical Microbiology & Serology
- Clinical Pathology
- Hematology

Diagnostic Services

- 2D ECHO
- CT Scanning
- DSA / Cath Lab
- MRI
- Tread Mill Testing (TMT)
- Ultrasound
- X- Ray

Transfusions services

- Blood Bank
- Blood Transfusions services

Professions Allied to Medicine

- Dietetics
- Physiotherapy
- Psychology

Support Services

- Ambulance
- Pharmacy

Not in Scope

- Burns
- Organ Transplantation
- Pediatrics Surgery
- Nuclear Medicine

Corporate Social Responsibility

- Hodal Hospital
- Free education to needy and bright children as a scholarship program by Chairman
- Every child in Park Group of Hospital gets a toy on admission
- First cry baby kit given to every new born child in park Hospital
- Regular free camps in all super specialties
- Subsidized investigations and treatment are provided to camp

Patients

Facility layout

Area	Departments
Basement	OPDs Chambers
	Blood Bank
	Pathology Lab
	Physiotherapy
	Radiology & Imaging
	HR
	Quality
	Billing
	Canteen
	MRD
	Stores
	BME
	Dietitian's office
	Dental

Area	Departments
Ground Floor	Front Office
	Pharmacy
	Emergency
	OPD Chambers
	IT Room
	CEO's office
	Director Admin's office

	Medical Director's office
	Medical superintendent's office
	GM Operation & Additional MS's office
	Operation Theatre
	Labour Room
	CSSD
	Recovery
	Nursery Level-1

Area	Departments
1 st Floor	Private Rooms
	Semi-Pvt Rooms
	MICU
	Isolation room
	OSD 's office

Area	Departments
2 nd Floor	Cath Lab
	ICU-II
	Heart Command
	General Wards
	Dialysis
	Endoscopy Room
	Chemotherapy Room
	Chairman's office

Area	Departments
Terrace	F & B (Kitchen)
	Lift Rooms
	Linen Washing Area
	STP Treatment Plant

Infrastructure & Technology

Park Hospital Gurgaon has become the expert of the healthcare line. It believes in benefiting people with its outstanding and luxurious facilities. The hospital possesses in terms of infrastructure and technology. All of its facilities are patient-centric and have been made user-friendly. The hospital is equipped with ultra-modern technology and gadgets coming from the best areas of the country. With its hard work and passionate or dedicated approaches, the hospital has attained the name of being in the top-rated hospitals of India. Park Hospital, Gurgaon ensures quick and immediate responses to the people coming for their healthy life. It believes in maintaining a foundation for health. The staff of the hospital makes the facilities understandable making for the sake of patients so that none of the patients remains with questions at the end. The hospital offers diagnoses and treatment with 24*7 availability. The hospital is bedded with 250 beds and more than 20 multi-super specialities making it reliable and responsive in the industry of healthcare.

Doctors at Park Hospital Gurgaon

The doctors of the park hospital work dedicatedly to the recent conditions of the patients. Their work helps to maximise the prevention strategies and let people serve with the best-in-class services. The staff, Physicians, and surgeons of the park hospital strive to provide quality of life, achieve good goals, and support life with the best possible services. The doctors at Park Hospital promote “Human Health” concerning their world-class and highly qualified or certified facilities.

The focus of the park hospital is to improve the standards of living with premium care. It believes in promising healthcare facilities. It makes the facilities manageable and affordable for all classes of society. The doctors of the hospital work for humanity and change lives with remarkable differences. They are well-trained and qualified to provide holistic healthcare services to the common man.

PROJECT-

To assess the clinical staff of Park Hospital Gurugram's awareness and adherence to International Patient Safety Goals using observational research.

Hospital Policy

IPSG 1

Purpose:

- Identification of the individual as the person for whom the service or treatment is intended and matching of the service or treatment to that individual.
- To equip staff with instructions to ensure the right identification of ALL patients in order to reduce the risk of misidentification and bad care outcomes.

Scope:

Hospital wide

Definition / Abbreviation:

UHID: Unique Hospital Identification Number

Responsibility:

All employees and Consultants

Policy:

Before delivering health care services, it is critical that patients are appropriately recognised. The hospital must use at least two identifiers to identify all patients: the patient's name (first and last name spelled in full - initials are NOT PERMITTED) and the UHID number.

Key Formats / Records:

Incident Reporting Form

Key CTQ / Performance indicators (If any):

Near Miss and/or Adverse Events – 0

Patient identification: When?

- Every patient must be identified:
- Before giving treatments such as drugs, blood, or blood products, or presenting a limited diet tray.
- Before undergoing treatments such as intravenous line placement or haemodialysis.

- Before doing any diagnostic tests, such as collecting blood and other specimens for clinical testing or performing a heart catheterization or diagnostic radiography treatment,
- Prior to moving patients from one department to another
- Patient Identifiers' Origins:
- Patient, relative (parent, spouse, adult brother, and adult son/daughter), guardian, domestic partner/friend, or transferring facility are possible sources of patient identities if the patient is unable to identify himself or herself or a surrogate is unavailable.

If the patient is unable to give their name (for example, new-borns, pre-verbal children, patients with dysphasia, patients on ventilators, expressive impairment, or mental capacity concerns), patient identity must be validated by questioning the patient's relative or caretaker.

Procedure for Initial Patient Identification

- On the admittance request form, the admitting desk must authenticate patient identify using at least two identifiers, such as FULL name and UHID No.
- The admission personnel will make a non-transferable identifying band, pass it over to the ward nurse together with other appropriate documentation, and attach it to the patient in the ward.
- Examine Patients
- The UHID number given on the first visit/registration will be valid for any subsequent visits to the hospital for any service.
- If the UHID number is accessible with the patient, an IPD number will be produced for the patient using the same UHID number.
- If the patient does not have a UHID card or cannot recall his/her UHID Number, the previously assigned UHID Number will be retrieved from the system using the personal information supplied as extra identifiers (such as phone number).

Extreme emergencies

- Clinical treatment may take precedence over putting an ID bracelet on the patient in grave emergency and potentially life-threatening scenarios.
- If this occurs, the accountable nurse in charge of patient care **MUST** take the necessary procedures to identify the patient using the hospital number and/or the E.D. number.
- Once the patient's surname, forename, date of birth, gender, and hospital number have been confirmed, a new ID band **MUST** be applied **IMMEDIATELY**.

IPSG-2

Purpose

To design a safe approach for communicating crucial information about a patient's care when shifting care duties from one physician to another, from one level of care to another, from inpatient units to diagnostic or other treatment departments.

Definition/Abbreviation

The fundamental goal of a "handover" is to offer comprehensive and accurate information on a patient's clinical state, including current condition and recent and future therapy. To provide safe and effective continuity of care, the information conveyed during a handover must be thorough and correct. A handover is a written communication that gives information to help with care continuity. Handover follows a regular procedure and includes the opportunity to ask and answer questions.

Responsibility

- Doctors
- Nurses
- Paramedical staff
- Technician staff
- Support staff

Policy

- A "handover" must take place every time an inpatient, emergency room patient, day care patient, or observation patient:
- Transfers to a new location
- Is transferred to or from another location for care (e.g., diagnostic/treatment area)
- During shift change, a different nurse is assigned to you.
- During a duty change, a different physician is assigned.
- During shift changes, a different technician is assigned. (For example, dialysis)
- Each of these scenarios need a planned transfer with adequate communication.
- A high-quality handover also has the following characteristics:
- Handover communications are interactive interactions that allow for inquiry between the provider and receiver of patient information.
- Handover includes current information on the patient's care, treatment, and services, as well as any recent or projected changes.
- Interruptions during handover are minimised to reduce the likelihood of information being missed or lost.
- Handover necessitates a method for verifying the received information, including read-back if needed.
- The recipient of the handover information may evaluate pertinent patient historical data, which may include past care, treatment, and services.

Procedure:

- During internal transfers, the physical patient medical record file must accompany the patient. The whole patient medical record must be kept meticulously and readily available to enable continuity of treatment and to offer necessary information to the following care providers. A brief synopsis/handover must also take place in a standardised fashion between the healthcare practitioners.

- In the exchanges below, a consistent format for handover communications will be employed. Nursing personnel must adopt the SBAR format and approach when transferring care and information about a patient, including but not limited to the following information exchanges:
- Nursing personnel changing shifts.
- In critical care circumstances, physicians who transfer total responsibility for a patient.
- Handover of a nurse and/or a physician from the emergency department (ED) to an inpatient unit (ward/ICU).
- Nursing personnel transfer from one patient unit/service to another.

Documentation:

Forms

A Discharge Summary is written when the patient is discharged from the hospital to another facility or to their home.

- SBAR Format - To be utilised by nursing personnel throughout all regular handovers.
- Doctor handover occurs in a standardised format that is available in the form of pre-printed registrations.
- Patients are accompanied by support workers with patient files from their units to diagnostics or other treatment departments such as radiology. The diagnostic is only performed when the order has been verified in the HIS. The order details the investigation that will be undertaken on the patient.

When patients are transferred to ICU, they are escorted by a doctor and a designated staff nurse. The allocated staff nurse conducts a physical handover to the nurse in the critical care unit, and the patient's status is documented in nursing progress notes. The doctor hands over physical control to the critical care doctor, and the patient's status is documented in the doctor's progress notes in the patient's medical record.

- A nursing pre-op checklist will be performed for patients undergoing surgery or cardiac catheterization.
- When a patient is transferred from the operating room to the recovery room and from the recovery room to the ward / ICU / HDU, the Brief Operative Summary & Anaesthesia Record will be used.

Monitoring & Evaluation

- Internal audits will be undertaken biannually to check compliance with the "handover procedure" in order to improve patient care.
- Policy implementation variations shall be recorded and documented.
- Variation analysis will be performed, and corrective and preventative measures will be launched and implemented.

- The effect of changes will be measured and communicated to hospital personnel.

INTRODUCTION

Patient safety is a critical global public health concern, with 10% of patients in affluent nations suffering damage while receiving medical care. However, the risk of patients being injured in hospitals is higher in poor countries than in developed countries. In certain impoverished nations, the risk of health-care-associated infection is up to 20 times higher than in wealthy countries. Countries have increasingly realized the need of ensuring patient safety in recent years.

In 2002, WHO Member States agreed on a World Health Assembly resolution on ten patient safety issues, including improving patient safety, harm caused by a variety of errors, the risk of health care associated infection, hand hygiene to reduce health care associated infection, the safety of medical equipment, and infection due to infection.

Failure to accurately identify patients continues to result in prescription mistakes, transfusion errors, testing errors, incorrect person operations, and newborns being discharged to the wrong family. Effective communication lowers mistakes and improves patient safety because it is timely, accurate, comprehensive, clear, and understood by the receiver. Communication can take place via electronic, verbal, or textual means. Patient care orders delivered verbally and those given over the phone, when authorized by local rules or regulations, are the most error-prone communications. Another source of inaccuracy is the reporting of crucial test results, such as the clinical Laboratory calling the organization to report the results of a key lab value. High-alert drugs are ones that have a high rate of mistakes and/or sentinel occurrences.

These mistakes are caused by ineffective or inadequate communication among members of the surgical team, a lack of patient engagement in site marking, and a lack of protocols for confirming the operation site. Inadequate patient evaluation, insufficient medical record review, a culture that does not allow open communication among surgical team members, problems with eligible handwriting, and the use of abbreviations are all common contributing factors. Healthcare-associated infections (HAIs) can be life-threatening for patients. Patients anticipate care and therapy rather than increased disease and consequences. According to the Centers for Disease Control and Prevention, one out of every twenty hospitalized patients develop a HAI. An estimated 1.7-2 million persons in the United States acquire a HAI each year, with almost 100,000 dying.

A high percentage of falls result in death or serious or moderate damage, with an estimated annual cost of £15 million for acute HealthCare care in Ione (NPSA, 2007). Up to 90% of elderly people who fracture their femoral neck fail to regain their prior level of mobility or independence. The IPSG's goal is to encourage particular improvements in patient safety. The aims emphasize issues in health care and provide evidence- and expert-based consensual

solutions to these issues. Recognizing that good system design is essential to providing safe, high-quality health care, the aims often concentrate on system-wide solutions wherever possible.

The objectives are organized similarly to the other standards, with a standard (goal statement), an intent statement, and quantifiable components. Goals are rated in the same way that other criteria are: "meet," "partially met," or "not met." Compliance with the IPSPG is a distinct decision rule in the accreditation decision rules.

Six international patient safety targets are as follows:

- Correctly Identify Patients
- Improve Effective Communication
- Increase the Safety of High Alert Medication
- Ensure Safe Surgery
- Reduce the Risk of Healthcare Associated Infections
- Reduce the Risk of Patient Harm Due to Falls

TITLE: To assess the clinical staff of Park Hospital Gurugram's awareness and adherence to International Patient Safety Goals using observational research.

AIM: To ascertain the proportion of hospital Clinical Staff Observational and Awareness in terms of Knowledge, Attitude, and Practices regarding International Patient Safety Goals as per hospital policies.

BACKGROUND: To control the quality of an organization and a hospital, an international patient safety goal (IPSPGs) accreditation has been adopted, which entails the inspection of work and organizational practices against pre-defined criteria by varied clinical and support service teams. The level of conformity with standards is examined by external surveyor teams, and the organization's accreditation grade is calculated on that basis. The Joint Commission International (JCI) is a global organization that creates healthcare standards based on Total Quality Management concepts to enhance quality and patient safety.

RATIONALE: The study is being carried out in order to encourage particular improvements in patient safety. The indicators would be used to identify problem areas in healthcare and offer evidence-based solutions.

OBJECTIVES:

General Objective:

To help healthcare professionals understand if they are following the requirements of the Joint Commission International in order to improve patient safety.

Specific Objectives:

- To examine the data and analyze the Park Hospital staff's degree of conformity with worldwide patient safety goals (Gurugram)
- Identifying gaps and flaws in the process and method that adheres to Joint Commission International standards.
- To assess data and recommend practical methods to improve overall patient safety in hospitals.

RESEARCH METHODOLOGY

- **Study Design:** Descriptive and cross-sectional study
- **Study Period:** The study is conducted from 2nd Feb, 2022 to 2nd April, 2022.
- **Study Area:** Park Hospital, Gurugram
- **Study Size:** 60 Patients for IPSPG 60 Patients IPSPG Park hospital, Gurugram
- **Sampling Technique:** Simple random sampling will be carried out for the study.
- **Study Variables:** Patient safety in Park hospital
- **Methods of data collection:** IPSPG audit tools checklist from Hospital

IPSG.1- INTERNATIONAL PATIENT SAFETY GOALS TRACKER SHEET

IDENTIFY THE PATIENT CORRECTLY

Month: _____ Year: _____ Sheet No: _____

Date of audit:					
Time of audit:					
Patient Name:					
UHID & IPD No:					
Department:					
S. NO	PARAMETERS TO BE AUDITED	YES/NO	YES/NO	YES/NO	YES/NO

1	Identify the patient correctly				
A	Patient identified with two identifiers before administering medications / investigations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Patients identified with 2 identifiers before transfusion, providing treatment / services / shifting patient and start of a procedure. (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any other Specific Finding:

Name & ID of Auditor (1 st Auditor): Signature: Date: _____ Time: _____	Name & ID of Auditor (2 nd Auditor): Signature: Date: _____ Time: _____
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IPSG.2- INTERNATIONAL PATIENT SAFETY GOALS TRACKER SHEET

IMPROVE EFFECTIVE COMMUNICATION

Year: _____ Sheet No: _____

Date of audit:					
Time of audit					
Department:					
PARAMETERS TO BE AUDITED	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Improve Effective Communication

Complete verbal & telephone order or test results is written down and read back done by the receiver of the order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Order or test result is confirmed by the individual who gave the order or test result	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Critical test results are documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand off process followed (SBAR) by nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand off process happens between doctors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In house transfer forms are completed when patients are transferred from one level of care to another.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Specific Finding:

RESEARCH QUESTION:

What is the percentage compliance of patient identification (IPSG-1) (IPSG-2) across Park Hospital Gurugram?

REVIEW OF LITERATURE

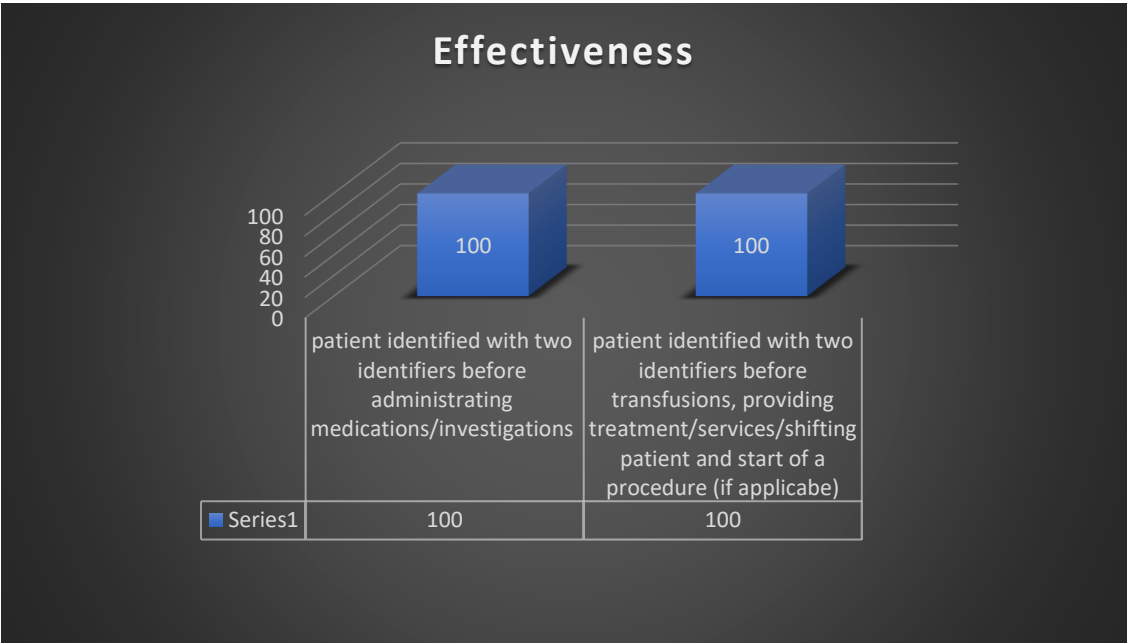
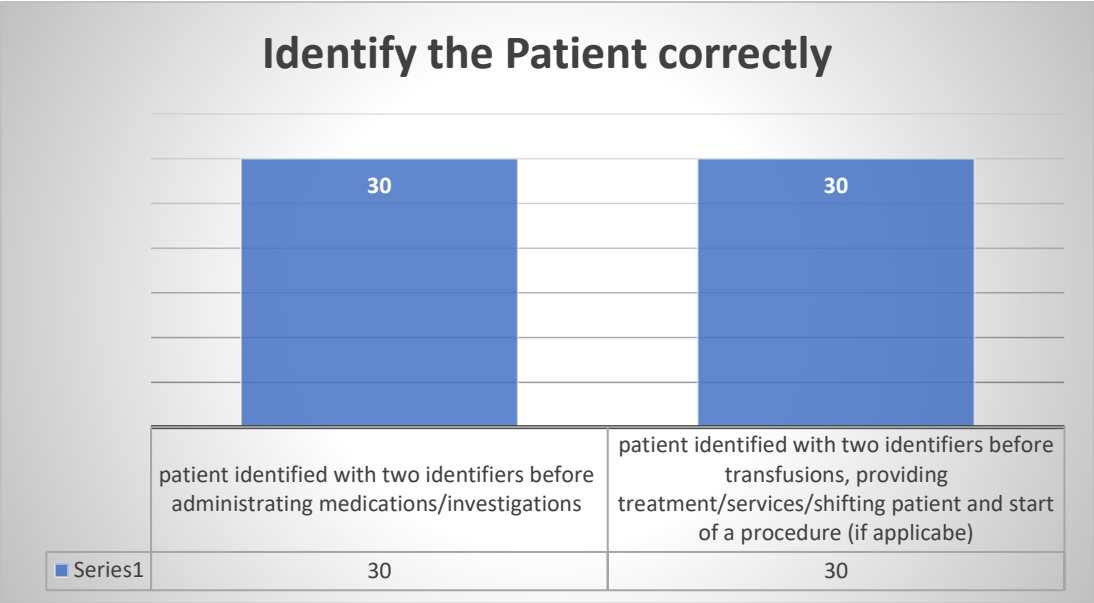
STUDY	METHODOLOGY	RESULTS	STRENGTHS	LIMITATIONS
Promoting a culture of safety as a patient safety strategy: a systematic review (March 2013) By : Sallie J Weaver 1 , Lisa H Lubomksi	The study was a systematic review in which the author searched MEDLINE, CINAHL, PsycINFO, Cochrane, and EMBASE to find relevant studies done between jan 2000 to Oct 2002. Two raters screened 3679 abstracts extracted study data, and rated study quality and strength of evidence.	It shows revealed that some improvement in safety culture or patient outcomes, but measured outcomes were highly heterogeneous.	The study provides efforts to improve patient safety and care quality by identifying and assessing interventions used to promote safety culture or climate in acute care settings.	The selected study could be biased as there could be influence of the authors personal view point.
Patient Safety Climate in General Public Hospitals in China: A Multiregion Study (oct 2021) By : Ping Zhou Minqi Li , Xuefeng Wei , Hongbo Zhu	The study was done using stratified sampling method in which employees from 54 general hospitals were questioned using questionnaire. The study was conducted in Shanghai, Hubei Province, and Gansu Province in China in 2015.	The study revealed that The overall patient safety climate was relatively good and exhibited no significant differences among the surveyed hospitals by various regions. And Fear of blame and punishment and fear of shame had the highest	The psychometric analysis supported the validity and reliability of the Patient Safety Climate in Health Care Organizations	As the knowledge of the study is limited to only 54 hospitals hence it could mislead the results

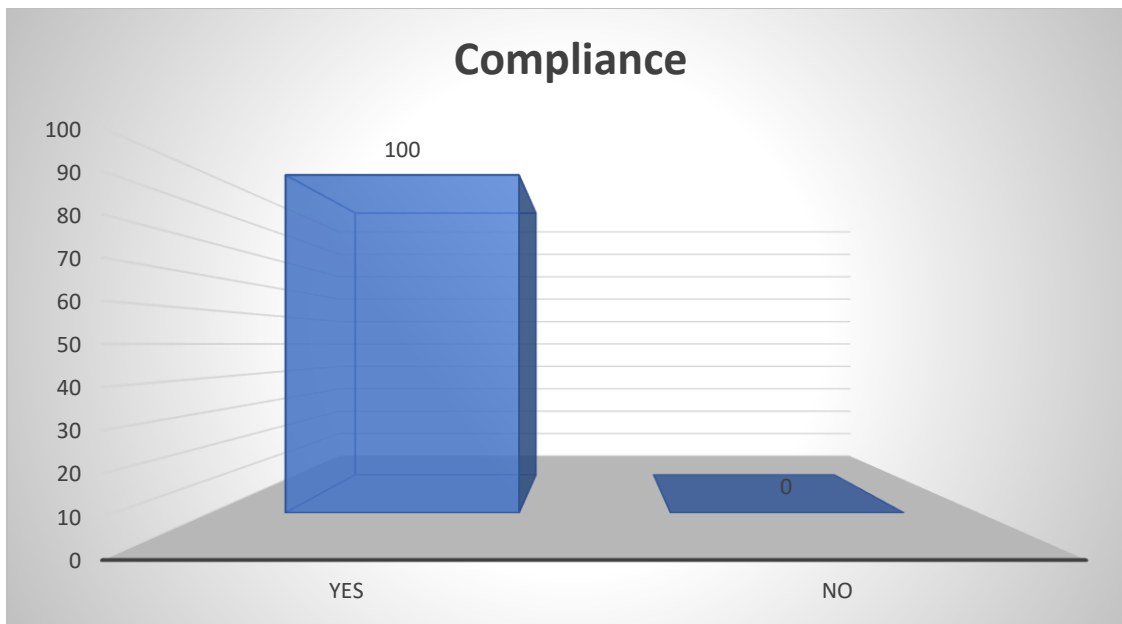
		PPRs and were prevalent in various types of hospitals.		
An approach to assessing patient safety in hospitals in low-income countries (2015) By : Robert Lindfield	Qualitative study was conducted using non participant observations and thematic analysis. The participants were all the staff members of two eye care unit. The study was conducted in Uganda.	The study revealed that overall both the hospitals showed good patient safety practices however the areas of improvement were staff patient communication.	The study provided the first holistic assessment of patient safety assessment in low income setting	As the study is conducted on two units the outcome of the study could be limited.
Measuring and monitoring patient safety in hospitals in Saudi Arabia (2021) By : Yazeed Kaud	It was a qualitative study which was conducted in two different phases: the first phase used document analysis and the second phase consisted of semi structured interviews. The study was conducted in hospital of Saudi Arabia	The study revealed that out of the 39 methods of measuring and monitoring safety (MMS) 25% were concerned with past harm, 35% were concerned with the reliability of the safety critical process, 7.5% with sensitivity to operations, 5 % with anticipation and preparedness and 27.5% with integration and learning.	The study offered a framework to help the healthcare organizations and researchers to think critically about MMS and how the data can be integrated in individuals countries or health systems.	The study used unique methods to of measuring and monitoring safety in the hospital which could be a complex process.

RESULTS

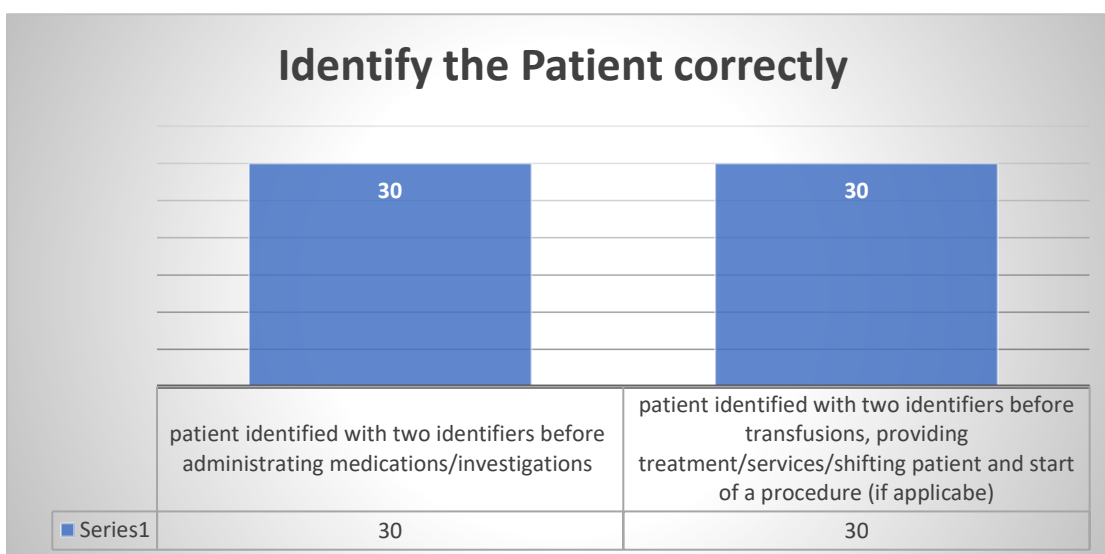
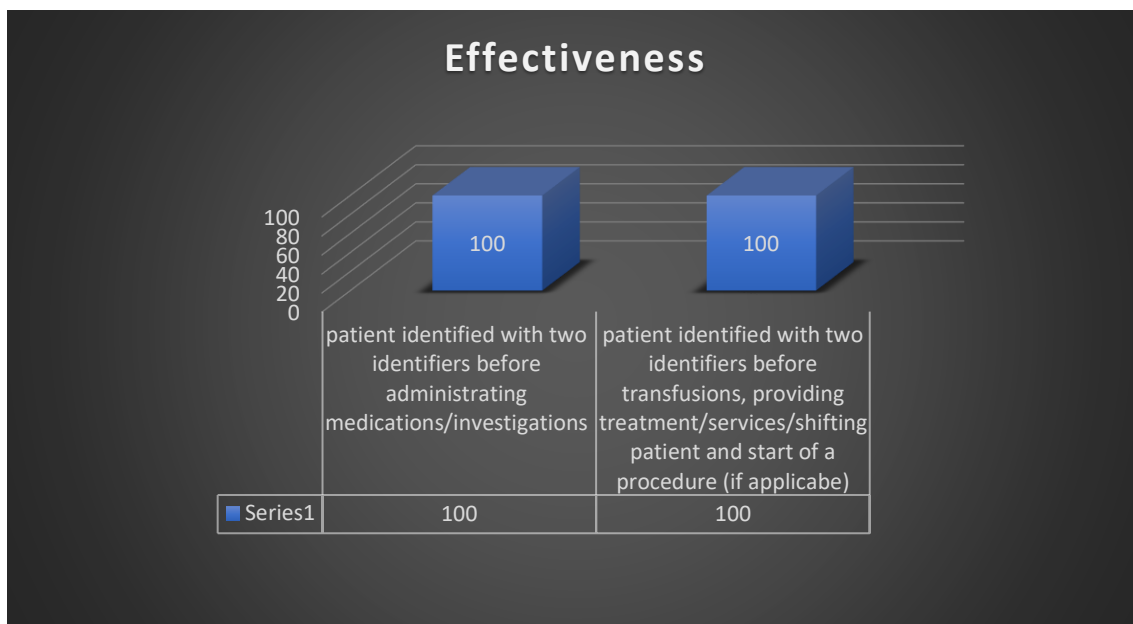
IPSG-1

FEBRUARY 2022

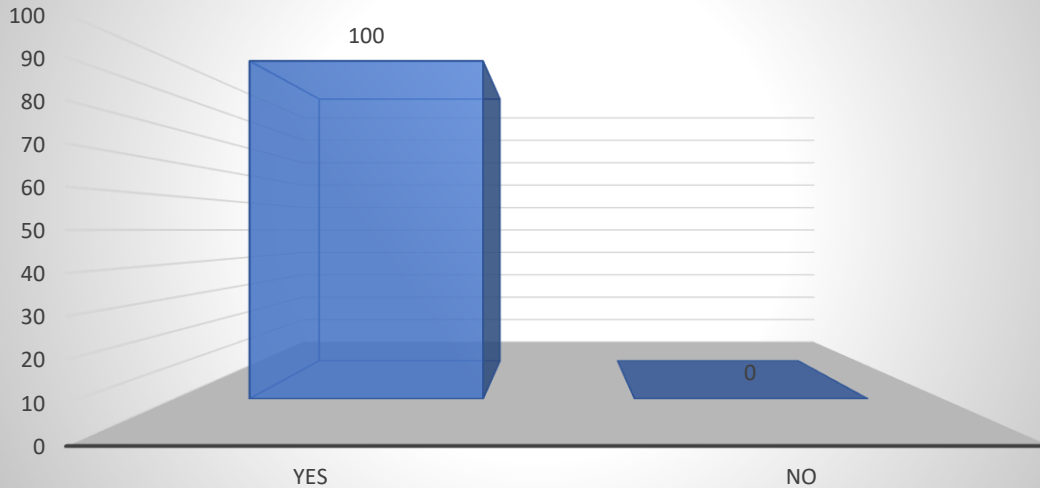




MARCH 2022



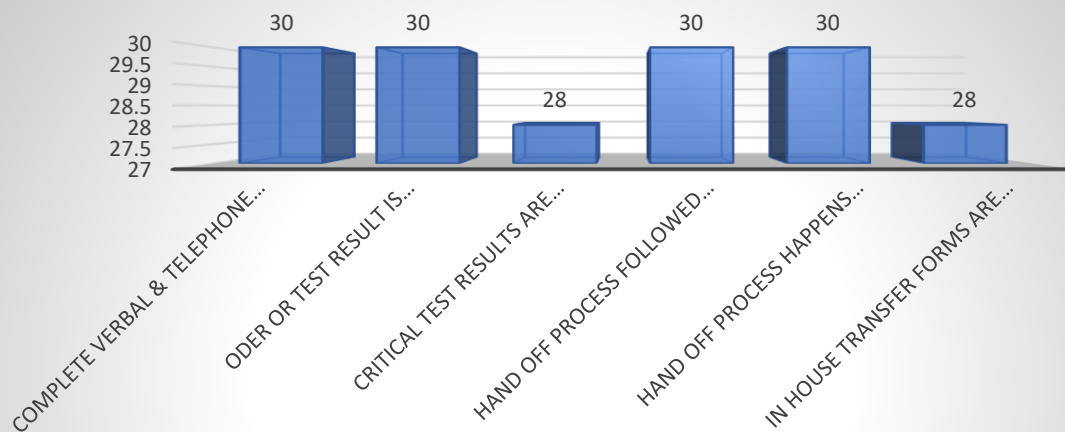
Compliance



IPSG-2

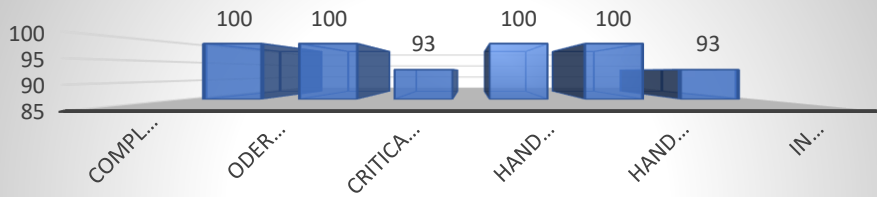
FEBRUARY 2022

Improve Effective Communication



	Complete verbal & telephone order or test results is written down and read back done by the receiver of the order	Order or test result is confirmed by the individual who gave the order or test result	Critical test results are documented.	hand off process followed (SBAR)	Hand off process happens between doctors	In house transfer forms are completed when patients are transferred from one level of care to another
Series1	30	30	28	30	30	28

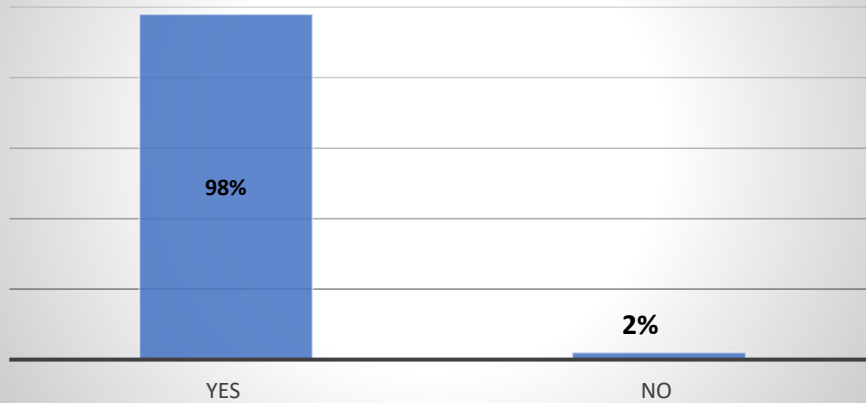
Effectiveness



Complete verbal & telephone order or test results is written downand...	Oder or test result is conformed by the individual who gave the order...	Critical test results are documented .	hand off process followed (SBAR)	Hand off process happens between doctors	In house transfer forms are completed when patiets zre transferre...
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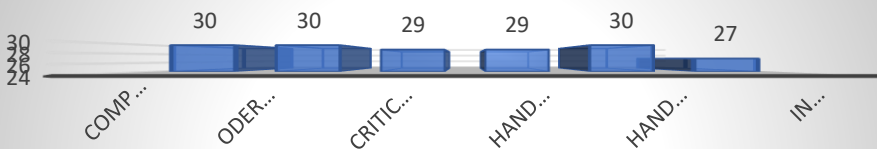
Series1	100	100	93	100	100	93
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Compliance



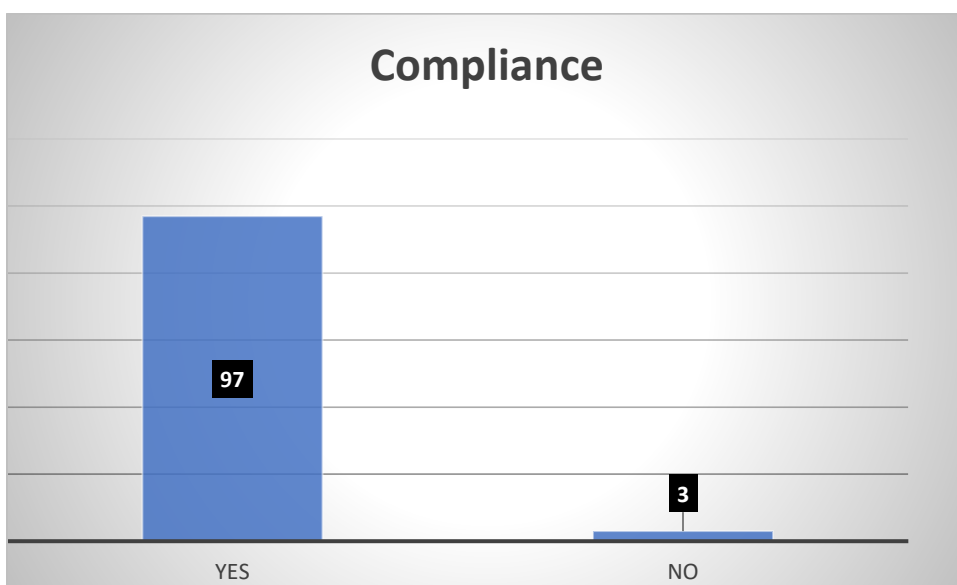
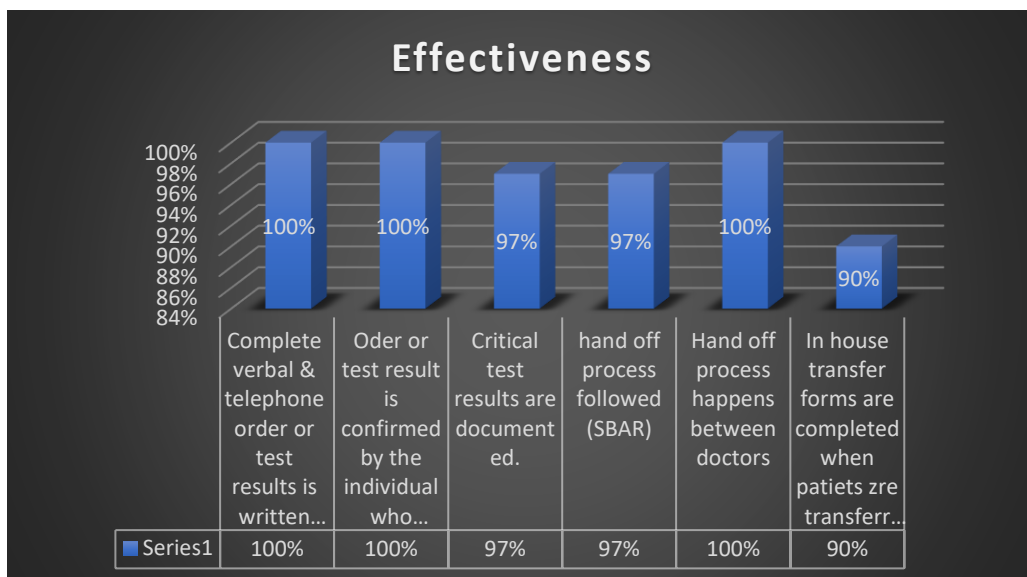
MARCH 2022

Improve Effective Communication



Complete verbal & telephone order or test results is written downand...	Oder or test result is confirmed by the individual who gave the order...	Critical test results are documented .	hand off process followed (SBAR)	Hand off process happens between doctors	In house transfer forms are completed when patiets zre transferre...
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Series1	30	30	29	29	30	27
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DISCUSSION

IPSG-1

As per the report it was revealed that during the month of February, 2022-

The effectiveness of identifying the patient correctly is 100 percent for both the parameters. It was seen that there is no compliance recorded during the month of February.

For the month of March, 2022, the effectiveness recorded for both the parameters is 100 percent and the there was no recorded compliance during the same month.

IPSG-2

As per the report it was found that-

The effectiveness of the IPSG 2 had some variance in two parameters namely critical test result are documented (93 percent) and in house transfer forms are completed when patients are transferred from one level of care to another (93 percent) rest all the parameters reported 100 percent of effectiveness.

There was 98% compliance in the month of February.

RECOMMENDATIONS

- . In order to improve IPSPG-1 compliance, Park Hospital should design and execute a system for reporting and registering incidents involving patient misidentification in order to raise staff knowledge of such concerns.
2. Park Hospital should educate its clinical, para-clinical, and non-clinical personnel about the relevance of IPSPG goals.
3. Park Hospital should undertake IPSPG goal audits, and root cause analysis should be presented on a regular basis.
4. The need of accurate identification should be emphasized on mediums such as notice boards and screensavers in the hospital, and patients should be engaged in the procedures.
5. Park Hospital should use contemporary technology such as bar coding instead of conventional banding in circumstances where the patient is unconscious, disoriented, and does not have an attendant with them. The bar code will provide the patient's information immediately and simplify the process.
6. Establish an organizational process for recognizing patients who do not have identification or who have the same name.

ORGANISATIONAL LEVEL

- Improving working conditions and implementing routine maintenance services
- Put in place robust clinical practices. In hospitals, a new position of patient safety officer has been created.
- Workplace planning should be based on the demands of individual departments.
- Improve hospital training policies and medical education.
- Patient safety courses and conferences are being held.

CLINICAL LEVEL

- In hospital departments, medical equipment and clinical materials should be provided.
- Clinical Health and Safety Champions should be employed.
- Improving communication and teamwork by using formal communication.
- Salaries should be raised to reflect the significance of health and safety.
- Accountability and clinical governance rules are being implemented in hospitals.

CONCLUSION

The first step in ensuring patient safety and delivering appropriate care is precisely identifying patients. Failure to properly identify patients might jeopardize the patient's status. Patients should always be recognized using two IDs that do not include the patient's room number, bed number, or hospital location. Before conducting diagnostic tests, obtaining samples, delivering medicine, performing operations, or moving to different wards, they must be appropriately recognized. The hospital should devote special attention to newborns and patients who are unconscious. The use of newly developed and improved procedures and interventions should help minimize the frequency of patient misidentification.

REFERENCES

1. <https://www.gavinpublishers.com/article/view/residents-awareness-about-international-patient-safety-goals-cross-sectional-study>
2. http://researchonline.ljmu.ac.uk/id/eprint/4334/1/157938_Salem%27s%20PhD%20Nov.2014.pdf
3. <https://store.jointcommissioninternational.org/jci-accreditation-standards-for-hospitals-7th-edition/>
4. <https://images.app.goo.gl/PT8Kyf8b54pCvXWcA>

ANNEXURE

Shiwani Jha

ORIGINALITY REPORT

12%

SIMILARITY INDEX

6%

INTERNET SOURCES

5%

PUBLICATIONS

8%

STUDENT PAPERS

PRIMARY SOURCES

1	V Aggarwal, Shakti Kumar Gupta, S Arya, S Singh. "To Formulate a Selective Patient Safety-related Policy for a Tertiary Care Hospital", International Journal of Research Foundation of Hospital and Healthcare Administration, 2014 Publication	5%
2	Submitted to CSU, Dominguez Hills Student Paper	2%
3	Submitted to IIHMR University Student Paper	2%
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