Quality Management and Patient's Safety Practices in 72 Bed-Hospital

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ABSTRACT

Introduction: A definition for patient safety has emerged from the health care quality movement that is equally abstract, with various approaches to the more concrete essential components.

Aim: Aim of this study to analysis the Quality Management and Patient Safety Practices in 72 bedded hospitals.

Methods: This descriptive study was conducted in 72 bedded hospital. Quality and safety assessments were carried out in each department's quality parameters.

Results: Hospital acquired infection reported 22.93% in average of 3 months. Hand hygiene compliance rate is 87.56%. 0.6% in average, medication errors was reported. 91.66% in average, patients were satisfied with the quality of the hospital and care provided.

Conclusion: Patient safety is a serious global public health issue. It is very important to better understand and focus real world problems. It is also important that the new discoveries and solutions in patient's safety are implemented within an evaluative framework that enables the learning of success factors and facilitates the effective spread of solutions worldwide.

KEYWORDS : Patient safety,

Introduction

Quality management seeks to improve effectiveness of treatments and increase patient satisfaction with the service. A health care system comprises small and large entities, such as pharmacies, medical clinics and hospitals, and all components need to provide quality service for the system to work properly. Quality management activities in healthcare are complex, and the terminology can be confusing. The financial management example used earlier to explain quality management vocabulary also may help clarify basic quality management techniques. Healthcare organizations track performance through various measurement activities to gather information about the quality of patient care and support functions. Results are evaluated in the assessment step by comparing measurement data to performance expectations. If expectations are met, organizations continue to measure and assess performance. If expectations are not met, they proceed to the improvement phase to investigate reasons for the performance gap and implement changes based on their findings. The quality management cycle doesn't end at this point, however. Performance continues to be evaluated through measurement activities. Patients are satisfied with the degree to which health care services provided meet their expectations. Satisfaction includes being satisfied with the appointment process, waiting times, availability of providers, actual care given, staff conduct and financial arrangements.

Quality management requirements are also found in healthcare accreditation standards. Accreditation is a voluntary process by which the performance of an organization is measured against nationally accepted standards of performance. Accreditation standards are based on government regulations and input from individuals and groups in the healthcare industry. Healthcare organizations seek accreditation because it

enhances public confidence,

is an objective evaluation of the organization's performance, and

stimulates the organization's quality improvement efforts.

Aim

Aim of this study to analysis the Quality Management and Patient Safety Practices in 72 bedded hospitals.

Methods

This descriptive study was conducted in 72 bedded hospital. Quality and safety assessments were carried out in each department, discussions with the respective Heads of the Departments, the staffs and also through perusal of the available records & other documents in the respective committees and review of the Quality parameters collected. High restrictions in accessing the data for analysis, hence important quality parameters were audited after getting permission from the hospital management.

Results

In our study, we have collected 3 months data from the quality team to auditing quality and patient's safety in the hospital. We have worked in department level quality parameters. Hospital environment seen clean without dusts and regular cleaning was done, scheduled cleaning time chart placed in each department and wards. Fire safety measures were done, no mock drill report was seen in maintenance report. Emergency evacuation plan and sign board were seen. Emergency measures like fire extinguisher, fire alarm, smoke detector, smoke expeller were fitted.

Information security has been maintained. Medical records are inaccessible to unauthorized persons. Healthcare professions like nurse, doctors are accessed to write on case sheets. Quality of the department, in average 1.3% of patient's identification errors was reported in 3 months. Errors like similar name patients were found in report. Hospital acquired infection reported 22.93% in average of 3 months, action plan has been provided to infection control committee to reduce the infection rate. Hence culture test in internal and external laboratory was carried out to find the infection rate.
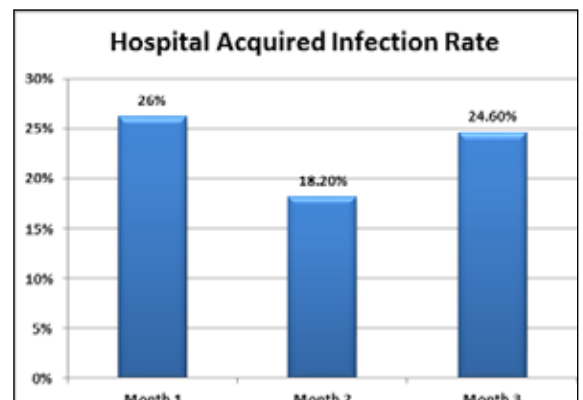
Figure 1 Hospital acquired infection rate in 3 months

Medical devices are cleaned in regular intervals, reports for cleaning was seen in each department. Validation report for medical devices and expire date validation is mentioned in all medical devices. Sterility in Operation theatre was maintained by following the protocol defined. Regular fumigation, culture study was done and reported to infection control committee. Hand hygiene picture, WHO's hand washing technique picture was placed near wash basins with hand washing soap solution. Each department has hand hygiene posters and hand rub ready to use. Hand hygiene compliance rate is 87.56%. 0.6% in average, medication errors was reported.

Figure 2 Medication Safety errors in 3 months

Training for emergency situation, biomedical waste management, adverse drug events, Medication safety were conducted in regular intervals. Attendances for each training sessions were documented and submitted in hospital committee. 0% patient's fall was reported in the committee. 0% pressure injuries were reported. 91.66% in average, patients were satisfied with the quality of the hospital and care provided.

Figure 3 Patient Satisfaction rate in 3 months

Discussion

The origins of the patient safety problem are classified in terms of type (error), communication (failures between patient or patient proxy and practitioners, practitioner and nonmedical staff, or among practitioners), patient management (improper delegation, failure in tracking, wrong referral, or wrong use of resources), and clinical performance (before, during, and after intervention). Knowledge, skills, proficiency and effectiveness of clinical staff will be evaluated on an ongoing basis to ensure quality of patient care. Competency training will be provided annually. Credentialing, and peer review, and clinical chart audits based on national standards of care are incorporated as quality measures for licensed and certified professionals. Risks to patient safety occur when there is a mismatch between a given patient and components of their care, whether these components are diagnostic, therapeutic or supportive. Throughout health care, the failure to correctly identify patients and match that information to an intended clinical intervention continues to result in wrong person, wrong site procedures, medication errors, transfusion errors and diagnostic testing errors. Infection is spread to the susceptible patient in the clinical setting by a number of means. Health care staff can spread infection, in addition to contaminated equipment, bed linens, or air droplets. Emerging technologies, such as microbial sealants, offer the ability to seal and immobilize skin flora for the duration of a surgical

procedure; a strong case therefore exists for evaluating such technologies and implementing them into routine clinical practice as appropriate. Medication errors in hospitals are a worldwide concern. The World Health Organization has recommended the implementation of basic applications in healthcare systems to improve medication safety, but it is largely unknown whether these recommendations are adhered to by hospitals.

Conclusion

Patient safety is a serious global public health issue. It is very important to better understand and focus real world problems. It is also important that the new discoveries and solutions in patient's safety are implemented within an evaluative framework that enables the learning of success factors and facilitates the effective spread of solutions worldwide.

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