

Patient safety policy

Department Quality SOP No: 02 Version: 01

Revision: 00

Effective Date: 20-03-2021

Chapter: CQI

#### 1.0 POLICY

All Patient Care Services Staff shall use every reasonable precaution to provide a safe environment to the patients.

#### 2.0 PURPOSE

This Safety Management Plan serves to describe the policies and processes in place to minimize safety risks to patients and staff through a comprehensive hazard surveillance program and analysis of aggregate information.

#### 2.0 DEFINITION:

Safety Programme- A Programme focused on patient, staff and visitors safety.

Adverse Event- An injury related to medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care.

Adverse events may be preventable or non-preventable.

Near Miss Event: A Near Miss is defined when an error is realized just in the nick of the time and abortive action is instituted to cut short its translation. In the NO Harm scenario the error is not recognized and the deed is done but fortunately for the health care professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reaction to administered drugs in allergic patients. A prophylactic injection of Cephalosporin may be stopped in time because it's suddenly transpires that the patient is known to be allergic to penicillin (Near Miss). If this vital piece of information is overload and the Cephalosporin is administered, the patient may fortunately not develop an anaphylactic reaction (No Harm Event)

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Sentinel Event: A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services.

Major and enduring loss of function refers to sensory, motor, physiological or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.

#### 3.0 ABBREVIATION:

ID: Identity.

BME: Bio Medical Engineer.

WHO: World health organization.

#### 4.0 SCOPE:

The Safety Management Plan defines the mechanisms for controlling hazards, promoting and implementing safety measures for the patients, staff in particular and the hospital in general.

5.0 RESPONSIBILITY: Hospital Management and Safety Committee

6.0 DISTRIBUTION: Hospital Wide

7.0 PROCEDURE:

#### PATIENT SAFETY

All Patient Care Services Staff shall use every reasonable precaution to provide a safe environment to the patients.

Process:

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The precautions listed herein should not be considered to be all inclusive, as safe practice requires sound judgment in individual situations and constant awareness of the environment.

#### 1) General Precautions

- All staff shall wear photo I.D. badges when on duty.
- ii) The patient care area and hall shall be clean, well-lighted, and free from clutter.
- iii) The floor shall be clean and dry. Appropriate signage is in place when floor is wet.
- iv) Supplies, machines, and equipment shall be stored in designated areas. Equipment not in use shall be removed from patient care areas.
- v) Patient care equipment shall be inspected and labeled by the Biomedical Department prior to initial use and according to Preventive Maintenance Schedules.

# b) Precautions against broken or malfunctioning equipment

- i) The equipment shall be removed from hospital area
- ii) The breakdown shall be reported immediately to the BME/ Maintenance Department.
- iii) Staff shall continuously assess any unsafe conditions and take appropriate corrective action.
- iv) "Near misses", accidents, and occurrences (patients, patient's family and staff) shall be immediately reported to quality department in an incident reporting form.

## c) Transportation of patients

- i) Patients who cannot walk shall be moved inside the hospital in a wheelchair that has clip on belts.
- ii) All vulnerable patients must be provided with extra safe environment in the hospital.
- iii) The toilets must have grab bars for physically disabled patients.
- iv) Wheels of wheelchairs shall be locked when a patient is lifted from or assisted onto them.

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# 2) Patient's Role in Promoting Safe Health Care:

Patients shall be encouraged to become an active, involved, and informed member of their health care team. Following are some ways in which patients can be encouraged:

- i) Patients shall be instructed to ask if they have questions about their health or safety.
- ii) If the patient is scheduled for a radiology investigation, the patient shall be asked to verify prior to it, the site/body part on which X-Ray has to be taken.
- iii) The sampling in sample collection room must also be done only after verification of the investigation for which the sample is being taken for.
- iv) Patients shall be instructed to follow the 'Patients Responsibilities'.
- v) If the patient is scheduled for a surgery, the patient shall be asked to verify prior to the procedure, the site/side of the body that will be operated on.
- vi) If the patient's identity is not checked before medications are given, blood/blood products are administered; blood samples are obtained or prior to an invasive procedure, the patient shall be asked to remind the staff.
- vii) Patients shall be instructed to adhere to the hospital's 'No Smoking Policy'

#### 3) Identification Bands:

- a) They shall be used when the patients are admitted in the hospital.
- The identification band shall be placed on the wrist of in-patients.
- c) If the patient's medical condition prohibits the application of the identification band to the patient's wrist or ankle, the identification band shall be attached to a visible part of the patient's body using tape appropriate to the patient's condition/allergies.
- d) If the Identification Band is removed by a staff member, then a new band shall be made, identification re-confirmed, and the band placed on the patient.
- e) Before a patient is transferred, the transferring nurse shall verify the identification band is in place.

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#### 4) Side Rails

- a) Patients shall be placed in a bed that has functional side rails.
- b) The following patients shall have side rails raised when unattended by staff:
  - i) Vulnerable patients.
  - ii) Those given pre-op or pre-procedural medication.
  - iii) Patients on stretchers (unless equipped with safety belts).

## 5) Seizure Precautions:

- a) Basic Precautions In-patients with a history of seizure disorder shall be observed for.
  - i) Oral airway patency.
  - ii) Side rails shall be always up and bed shall be in low position.
- b) High Risk Precautions Patients admitted for active seizure disorder or who experience seizures shall be observed while in hospital. Suction equipment shall be readily available for all such patients.

#### 6) Ambulation

- a) Staff shall accompany all patients:
  - i) For initial ambulation after surgery,
  - ii) After procedures requiring sedation,
  - iii) After prolonged bed rest, and
  - iv) In other situations as deemed necessary and as ordered by the physician.

# **Hospital National Patient Safety Goals:**

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

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#### 1. Identify patients correctly:

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment. Make sure that the correct patient gets the correct blood when they get a blood transfusion.

#### 2. Improve staff communication:

Get important test results to the right staff person on time.

#### 3. Use medicines safely:

Before a procedure, label medicines that are not labelled (for example, medicines in syringes, cups and basins). Do this in the area where medicines and supplies are set up. Take extra care with patients who take medicines to thin their blood. Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

#### 4. Prevent infection:-

Use the hand cleaning guidelines from the Centre for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand hygiene. Use proven guidelines to prevent infections that are difficult to treat. Use proven guidelines to prevent infection of the blood from central lines. Use proven guidelines to prevent infection after surgery. Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

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# 5. Identify patient safety risks:

Find out which patients are most likely to try to commit suicide or at higher risk of incurring self injury.

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## 6. Prevent mistakes in surgery:

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body. Mark the correct place on the patient's body where the surgery is to be done. Pause before the surgery to make sure that a mistake is not being made.

# Patient Safety Solution as per WHO:

They come under the headings of:

- Look-alike, sound-alike medication names.
- 2. Patient identification.

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- 3. Communication during patient hand-over.
- 4. Performance of correct procedure at correct body site.
- 5. Control of concentrated electrolyte solutions.
- 6. Assuring medication accuracy at transitions in care.
- 7. Avoiding catheter and tubing misconnections.
- 8. Single use of injection devices and
- 9. Improved hand hygiene to prevent health care-associated infection.

The Patient Safety Solutions, a core programme of the WHO World Alliance for Patient Safety, brings attention to patient safety and best practices that can reduce risks to patients. It ensures that interventions and actions that have solved patient safety problems in one part of the world are made widely available in a form that is accessible and understandable to all.

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9.0 REFERENCES: Hospital Committees, WHO Patient safety guidelines, Safety Manual

## 10.0 RECORDS AND FORMATS:

Minutes of meetings, Record of Quality Indicator with their Analysis, Internal audit reports, Facility rounds report.

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