	INODAYA Hospitals - Kakinada	Documentation code: INH/PSQ.Doc.No:01
	Policy on Patient Safety Program	**Prepared date:** 05/09/2023
	Reference: PSQ.01.NABH Standards – 5th Edition	Issue Date:05/09/2023
	Issue no: 02	Review No: 1	**Review date:** 04/09/2024

(Reference line superscript shown as: PSQ.01.NABH Standards – 5th Edition)

1. POLICY:

A. As a measure of improving patient safety all hospital staff shall be vigilant to identify and report the events which are undesirable and needs to be act upon for corrective and preventive action.

Following undesirable events shall be reported as soon as the occurrence of these events comes in to notice.

   a. Patient fall
   b. Medication error
   c. Improper blood transfusion
   d. Restraint related injury
   e. Patient burns
   f. Absconded patient
   g. Diagnostic errors (Like wrong test, mismatch of reports etc.)
   h. Violation of patient's rights
   i. Development of pressure sores
   j. Missing medical record
   k. Others

B. Employees who witness or are aware of an incident are responsible for completing an Incident Report at the time they become aware of the incident.

C. An Incident Report must be completed anytime there is an injury (regardless of Severity) to patients, employees or visitors. An Incident Report must be completed in the event of damage or loss of hospital and/or patient property. When possible, a photograph of the damaged property will be taken by security and given to the Quality department.

Prepared by:	Verified by: G. Lakshmi Lavanya	Approved by:
Dr.D.N.S.Prakash	**Mrs.G..Lakshmi Lavanya**	**Dr.G.Rammohan**
Medical Director	Chief Executive Officer	Managing Director

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D. An Incident Report must be completed whenever physical skills are used to move a patient to seclusion or restraints.

E. All Incident Reports must be filled out completely including patient's Reg. number, patient's unit, date of injury, time of injury, etc. When completing an Incident Report that involves an injury (or property damage) to a patient or employee resulting from another patient, the Reg. number of the patient who caused the injury must be provided in the "Description of Incident" portion of the report. The acting Supervisor's name will be stated on the report.

F. The actual incident report will not be noted in the patient's chart.

G. Hospital Safety Committee will monitor and evaluate data generated by the reporting process as part of the Hospital's performance improvement activities.

2. PURPOSE:

A. To ensure prompt assessment and response to all incidents resulting in injury to Patients, employees, or visitors. To accurately document threats or actions of violence, inappropriate sexual behavior, fires and environmental emergencies. To accurately document incidents of property damage.

B. To accurately document events and to identify staff response to the events.

C. To identify contributing factors/conditions that led to the incident and to identify steps taken to prevent the recurrence of a similar incident.

D. To provide accurate, timely information for an ongoing incident report database.

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Dr.D.N.S.Prakash	**Mrs.G..Lakshmi Lavanya**	**Dr.G.Rammohan**
Medical Director	Chief Executive Officer	Managing Director

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3. **DEFINITIONS:**

   Events – Any unusual or unexpected occurrence that results in injury or injury to patients, staff, or visitors - Threats or actions of violence, inappropriate sexual behavior, fires and environmental emergencies. Any event that results in damage or potential damage to or loss of hospital property, patient property or specified employee property

4. **ABBREVIATIONS (IF ANY):**

   QO – Quality Office

5. **SCOPE:**

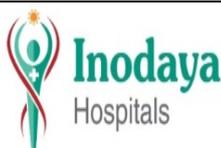   It includes patients, hospital employees, and visitors.

6. **RESPONSIBILITIES:**

   All employees are responsible for safety and reporting safety concerns to their immediate supervisor as addressed in the Incidence Reporting Policy.

   A. Hospital committee will maintain a database of all Incident Reports. All Incident Reports will be assigned a severity rating and categorized according to type of injury by the Quality Office (QO). The QO will take appropriate action to decrease the potential for repeat incidents. The HR will coordinate with hospital Fund to ensure appropriate management of worker's compensation claims.

   B. Employees must complete an Incident Report at the time they become aware of an Incident. All Incident Reports must be completed prior to the end of the shift.

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Employees must notify their supervisor of all incidents before the end of the shift. An Incident Report must be completed for all patient, staff or visitor injuries, regardless of severity.

C. Nurses must assess the injury and administer first-aid as necessary. Injured Employees can be referred to the Inodaya Hospital during normal working hours. Employees can also be referred to medical providers in the community. Nurse Supervisors must be notified of all incidents before the end of the injured employee's Shift.

D. Nurse Supervisors/Immediate Supervisors must take steps to ensure all injury reports Submitted to them by employees are acted upon appropriately. Any Incidence reports Generated from an incident must be forwarded to the SMH after the Supervisor completes their section of the report.

7. DISTRIBUTION:

All hospital employees (Clinical & Support staff)

8. PROCESS DETAILS:

8.1 DESCRIPTION OF THE PROCESS

An Incident Report must be completed anytime a patient, employee or Visitor is injured regardless of severity. An employee who witnesses an incident must complete the Incident Report. In the event of an unobserved injury, the employee who first becomes aware of the injury must complete an incident report.

The filled in format shall be send to Hospital safety committee for analysis, action, and maintaining the record of occurrence of such events.

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The Safety Officer will review all Incident Reports and will assign severity Rating and injury type. All severity and higher rated injuries will be reported to the Medical Director.

A monthly statistics shall be calculated by the Hospital Safety committee for occurrence of such events, which shall be presented to hospital authorities.

Following details shall be provided in case of occurrence of an undesirable event (A format can be developed for this or an online mechanism can be developed for reporting these details)

1. Patient details – (name / Reg. number)
2. Date of occurrence –
3. Time -
4. Department / Area
5. Reported by –
6. Category –
    a. Patient fall
    b. Medication error
        i. Wrong patient
        ii. Wrong drug
        iii. Wrong route
        iv. Wrong rate of administration
        v. Other
    c. Improper blood transfusion
    d. Restraint related injury
    e. Patient burns
    f. Absconded patient
    g. Diagnostic errors (Like wrong test, mismatch of reports etc.)
    h. Violation of patient's rights
    i. Development of pressure sores
    j. Missing medical record

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    k. Others
7. Brief description of event
8. Severity of the event
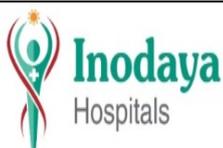   Minor event
    Major event
9. Action taken / to be taken

8.2 STATISTICS TO BE MAINTAINED FOR OCCURRENCE OF SUCH EVENTS (EVERY MONTH)

1. Number of unwanted events occurred

No. and percentage of following (% to total number of events)

2. Minor events
3. Major events
    a. Patient fall
    b. Medication error
        i. Wrong patient
        ii. Wrong drug
        iii. Wrong route
        iv. Wrong rate of administration
        v. Other

    c. Improper blood transfusion
    d. Restraint related injury
    e. Patient burns
    f. Absconded patient
    g. Diagnostic errors (Like wrong test, mismatch of reports etc.)
    h. Violation of patient's rights
    i. Development of pressure sores

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    j.   Missing medical record
    k.   Others

9. Safety Committee

Functions:

- The committee will ensure the total hospital safety & security.
- The committee will bring to the notice of the administration, any gaps observed for the safety and security of hospital staff & the patients and their attendants.
- A well documented lab and imaging dept safety manual is available in the departments this takes care of the safety of the workforce as well as the equipment available in the lab and imaging department.
- Documented policies and procedures exist to prevent adverse events like wrong site, wrong patient and wrong surgery
- Sentinel events are intensively analyzed and actions should be taken upon the analysis
- The organization has an interdisciplinary group assigned to oversee the hospital wide safety program
- Policies and procedures guide the use of medical gases

Schedule -The committee meets once in a Month and as on when required

Members:

Dr.G.Rammohan	Managing Director	Chair person
Mr.Y.Srinivas	Maintenance Manager	Convener
Ms.G.Lakshmi Lavanya	CEO	Member
Dr.D.N.S.Prakash	Medical Director	Member
Dr.Y.Gayatri	Consultant Radiologist	Member
Mr.K.Suresh	Operations Manager	Member
Ms.M.Vani	Nursing Superintendent	Member

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Mr.T.S.Ramayya	Quality Manager	Member
Dr. Neeharika	Consultant Pathologist	Member
Ms.Prameela	Laboratory In-Charge	Member
Ms.K.Chandrakala	Bio-Medical Engineer	Member
Mr.Ramjan	Housekeeping Incharge	Member

9.0 REFERENCES:

Incident reporting – process matrix

Hospital Safety Committee - proceedings

10.0 RECORDS AND FORMATS:

Incident reporting Data base

HIRA – Clinical

HIRA – Non Clinical

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