

Conduct of Self-Assessment at the facility



Dr Arpita Agrawal
Consultant-Quality & Patient Safety

Learning Objectives

- › To understand the assessment methodology
- › Steps of SaQushal self-assessment
- › Monitoring and supervision framework
- › Roadmap for Patient Safety

General Principle

1. Integrity:-

- Honesty, Diligence and responsibility
- Demonstration of competency
- Impartiality
- Fair and unbiased

2. Fair Presentation:-

- Truthful and accurate

3. Confidentiality:-

4. Independence:-

5. Evidence based approach

How to start with Self-Assessment

- › Hospital Quality team should appoint a coordinator, preferably the Hospital Manager.
- › Prepare a Biannual Assessment Schedule
- › Ensure every department of district hospitals and large sub-districts hospitals would be assessed and scored at least once in a quarter.
- › Constitute a Assessment team

6-steps of Self-Assessment



1- Assessment plan and scheduling

WHAT

- Prepare a bi-annual plan for assessment activities
- All departments should be assessed
- Get annual assessment plan approved by quality team
- Disseminate to the respective department

WHO

Hospital coordinator/Manager

WHEN

November 2022

Preparing Assessment Schedule

- › Micro plan of assessment
 - Who will assess (Assessor)
 - What will assess (Department)
 - Whom will assess (Assessee)
 - When will Assess (Time)
- › Should be prepared in consent of in charge department
 - Ensure His/Her Availability on day and time of assessment
- › Keep timing when assessee is relatively less workload (*Avoid peak hours*)
- › Keep in mind closing timing of departments (Assessment should start in well advance of closing time)

2- Formation of Assessment Team

WHAT

- Based on department to be assessed
- Composed of at least doctor, specialist, paramedic staff
- Staff working in department should not be part of assessment team

WHO

Hospital Manager with support of MS/equivalent

WHEN

Within November 2022

Logistic & Communication

- › Communicated Assessment Schedule to respective departments at least one week prior
- › Take printouts of toolkit in advance
- › Communicate in advance for specific requirements
 - Records to assessed,
 - Observing procedure
 - Interacting specific staff
 - Personal Protective Equipment Required

3- Conducting Assessment

WHAT

Conduct of baseline assessment, at least once in six months

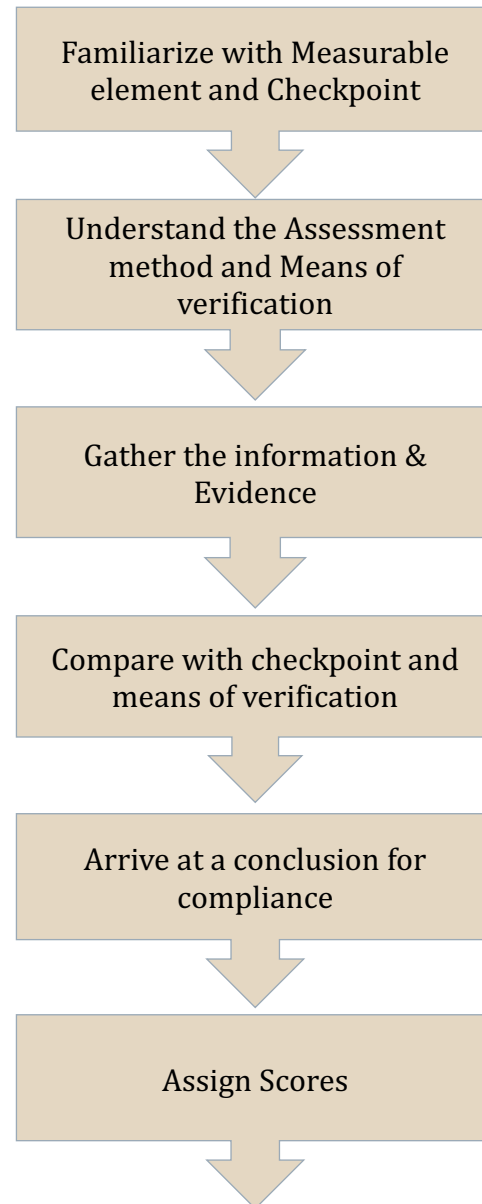
WHO

Quality and Patient Safety team

WHEN

Ongoing after formation of Quality and Patient Safety team

3- Conducting Assessment



SaQushal						
Safety and Quality: Self assessment tool for health facility						
Area of Concern: Patient Safety Systems						
Reference No.	Measurable Element	Checkpoints	Means of Verification	Assessment Method	Scoring	Remarks
Standard (A1): Reporting and Learning System						
The health system has established a functional system for reporting and learning of adverse events						
A 1.1	Incident reporting	The facility has established an user friendly mechanism to report patient safety incident	1. The facility has established a mechanism for single point reporting of patient safety incidents through local IT system or paper format reporting 2. Incident reported at the national reporting systems like Pharmacovigilance/Hemovigilance program of India, AEFI, etc. should also be included under single reporting platform established at the facility			
		The facility has defined definitions, classifications and format for reporting of adverse events	1. The facility has defined clear criteria and definitions for what kinds of incident should be reported such as error, adverse event and near miss 2. Formats for reporting has been made available electronically or in paper format inclusive patient information, incident time, incident location, agents involved, incident type, incident outcome, action taken, reporter's role, etc.)			
		The facility has a positive environment for reporting	1. The leadership of the facility has provided and committed to policies that establish a safety culture and non-punitive environment 2. The facility has established and implemented a blame free policy on reporting of patient safety events			



OBSERVATION
(OB)



STAFF INTERVIEW
(SI)



RECORD REVIEW
(RR)



PATIENT INTERVIEW
(PI)

Assessment Methods



OBSERVATION (**OB**)



STAFF INTERVIEW (**SI**)



RECORD REVIEW (**RR**)



PATIENT INTERVIEW (**PI**)

4- Conclusion and Scoring

WHAT

Scoring on the basis of two golden rules of scoring, and generation of score cards

WHO

Quality team, DQAU & SQAU

WHEN

Ongoing

Scoring Rules

- › 2 marks for full compliance
- › 1 mark for partial compliance
- › 0 Marks for Non-Compliances

All checkpoints have equal weightage to keep scoring simple. Each checkpoint has two means of verification, if requirements for both MOVs are met, full compliance will be accorded to the checkpoint. Likewise, if requirements for one MOV are met, partial compliance will be given and if none of the MOV are fulfilled, non-compliance will be given against the checkpoint.

5- Review and Action Planning

WHAT

Analysis of assessment activities, identification of gaps, preparation of action plan and closure of gaps

WHO

Quality team, DQAU & SQAU

WHEN

Ongoing

Action Planning and Prioritization

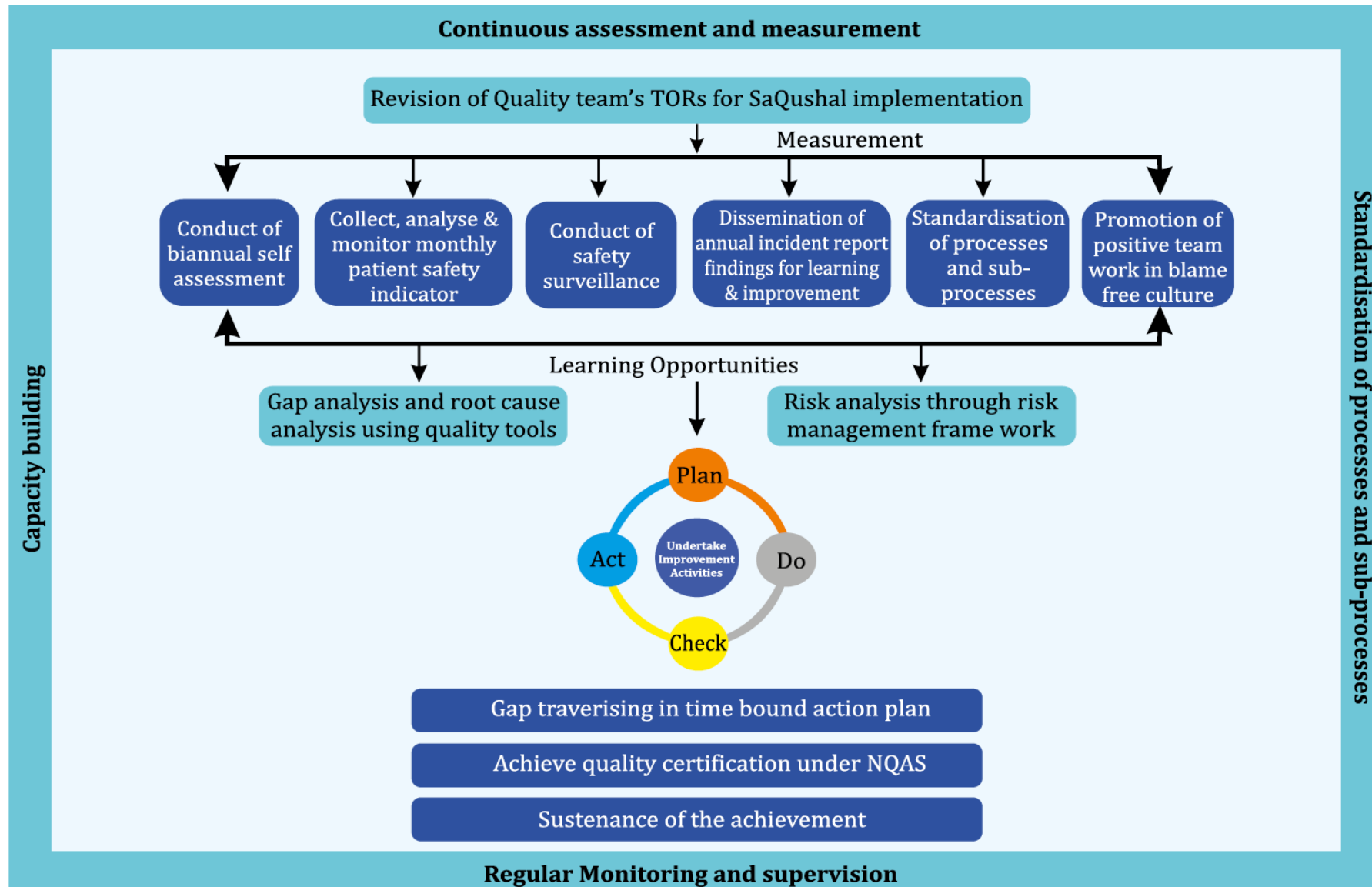


Role of Leadership & Governance

Standard D1: The hospital has an established Leadership and Governance Framework to ensure the implementation of patient safety policy and plan are in place

- A comprehensive patient safety policy is documented and communicated
- Identification of potential patient safety related risks in the facility
- Trainings and capacity building for patient safety and quality
- Defined clinical care effectiveness criteria for all clinical departments
- Performance management by top management
- Analysis of annual incident reports, patient safety indicators, safety surveillance reports followed by dissemination of feedback for learning and improvement

6- Monitoring and Supervision



Roadmap for Patient Safety

Immediate Activities

A. At facility level

- Conduct of patient safety self-assessment, biannually
- Gap identification, prioritization of gaps, preparation of time-bound action plan

B. At state level

- Reviewing safety score in SQAU meetings and monitor the improvement in safety score
- Handhold the facility in gap closure and provide support

Long-term Activities

A. At facility level

- Setting Safe Patient Objectives in all departments
- Submission of incident reports to DQAU and SQAU on quarterly basis
- Recognition of safety champions at the facility level for motivation and encouragement

B. At state level

- Benchmarking of the health facilities based on safety score and indicators
- Sharing of best practices within the state and nationally as well
- Recognition of best performing facilities and their felicitation
- Support for the second victim

Let's commit together for building
SAFETY across health systems!!