



"Enhancing Patient Safety in Healthcare Facilities"

State - KERALA

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Background

- Details of SaQushal tool implementation in public healthcare facilities.

Type Of Facility	Number of Facilities Assessed	Average Score Obtained
DH	43	68%
SDH/CHC		

Common Gaps Identified in Assessment

Area of Concern A: Safe Patient Care Processes

Safe patient handling –Accident & Falls - Established processes for identification and assessment of the patient prone to fall –

1. Identification and assessment of patients prone to fall like old age, previous H/O fall, gait instability, urine incontinence, impaired judgement, Eclampsia, Epilepsy, Shock etc.

2. Instructions to prevent falls are not documented in the care plan

,Decubitus ulcers,Venous Thromboembolism,Patient identification,Safety during patient referral

Patient's surroundings are prone to falls-

1. Availability of Beds with adjustable height and bed safety rails

2. Aisle and passageways are clear and unobstructed

Area of Concern B: Clinical Risk Management

Speciality clinical services – Safety in intensive care - The ICU department has established parameters for safety of electrical establishment –

1. ICU has dedicated earthing pit system available

2. No adapter is used for ensuring provision of electric outlet/inlet

Common Gaps Identified in Assessment

Area of Concern C: Safe Care Environment

Human factors and Ergonomics – Material and Machine Handling – The facility uses safe hospital beds and furniture

1. Beds and furniture are light weight to move easily
2. Beds and other furniture have wheels or casters , which roll easily , noiseless and have good brakes.

Hazardous substance Handling – orientation program for the staff handling hazardous substances.

Area of Concern D: Patient Safety system

Common Gaps Identified in Assessment

Area of Concern D: Patient Safety system

Reporting and learning system - Patient safety Indicators-

1. Indicators for safe patient care process
2. Indicators for clinical Risk management
3. Indicators for Safe Care Environment
4. Indicators for Patient Safety Systems
5. Indicators for Incident reporting



Key Learnings

- Medication Safety
- Safe patient Handling and Harm prevention
- Safety in General Clinical Care
- Safety in reproductive ,Maternal ,New born child & Adolescent Health
- Patient Engagement



Key Improvements under Facilities

- Patient Family are involved in decision making about their treatment.
- Safety and security information has been standardised and made available.

Thank you