



"Enhancing Patient Safety in Healthcare Facilities"

State : West Bengal

Presented by : Dr. Urbi Das
Dr. Amrit Kumar Sen



Background

- Details of SaQushal tool implementation in public healthcare facilities.

Type Of Facility	Number of Facilities Assessed	Average Score Obtained
DH	14	64.6
SDH/CHC	1 (Mal SDH)	81

Common Gaps Identified in Assessment

Area of Concern A: Safe Patient Care Processes

- Safe patient handling and harm prevention:	Fowlers Beds (with adjustable height) are not available in IPD to prevent patient falls.
	Venous Thromboembolism Risk are not being assessed in IPD
- Communication at transition of care	SBAR or I-PASS communication tools are not implemented for intra-mural transfer.
	Identification and monitoring of Potential Risks and hazards exposure is lacking

Area of Concern B: Clinical Risk Management

- Safety in General Clinical care	Identification of cases with multimorbidity and roles and responsibilities of care-givers are not being carried out
-----------------------------------	---

Common Gaps Identified in Assessment

Area of Concern C: Safe Care Environment

- | | |
|--------------------------------|--|
| - Human factors and Ergonomics | Safe lifting, call for help, safe lateral transfer practices are not followed in IPD |
| | Short high wooden or steel stools are used in place of ergonomically designed chairs |
-

Area of Concern D: Patient Safety system

- | | |
|---------------------------------|--|
| - Reporting and Learning System | Reporting and filling up of incident reporting in case of adverse events are not practised |
| - Patient Engagement | IEC materials to educate patient and relatives about their responsibility of reporting any unsafe staff behaviour or adverse incident (medication error, electrical or fire safety error) are not present. |
-

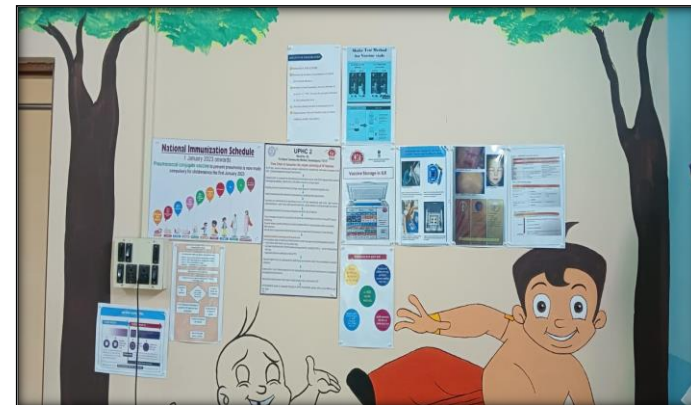
Key Learnings

- Patient centric care -informed decision making
- Counsel the patient on medication safety using "5 moments for medication safety"
- Medication Reconciliation
- Fall Risk Assessment
- Venous Thromboembolism prevention plan
- Prompt reporting of any adverse drug event



Key Improvements under Facilities

- Communication during Intramural transfer – SBAR & I-PASS has been implemented and followed.
- Identification of hazardous material, listing of potential risks with route of exposure is documented. Safety Data Sheet (SDS) is maintained.
- Safe patient Handling is practiced.
- IEC materials for involvement of patients in their own care has been implemented.





Thank you