



The audit Report for the evaluation of international patient safety goals in a Private Hospital

Dr. Syeda Amber Ali

M.B.B.S, MRCP UK, Al Zahra Hospital Ali Pur Chatta
dr.amber.ali14@gmail.com

Abstract: The report is conduct for the evaluation of international patient safety goals. While auditing Rana Medical Clinic and Laboratory Service, Jang campus, we observe that the building was built and labeled properly. The building was consisting of four floors and was highly equipped according to the demand of the clinic. The building was clean and disinfected for the patients and their attendants. The clinic was equipped with the medical apparatus and medicines. The clinic was not having a sufficient number of beds for the patients. The clinic hired professional medical staff and nurses. There were 3 shifts of the nursing staff per day and every nurse has 20 patient ratios that provide services and take care of their treatment. The management staff makes sure the daily schedule of the doctor and nursing staff should be displayed at the most visible place. Even the shortage plan of the nurse was also provided by the management staff. The job description and the contact details of every staff member were mentions and documented in the record file of the hospital.

[Dr. Syeda Amber Ali. **The audit Report for the evaluation of international patient safety goals in a Private Hospital.** *Rep Opinion* 2021;13(1):5-10]. ISSN 1553-9873 (print); ISSN 2375-7205 (online). <http://www.sciencepub.net/report>. 2. doi:[10.7537/marsroj130121.02](https://doi.org/10.7537/marsroj130121.02).

Key words: audit report, patient safety goals

Background

Hospital boards and executives are responsible for ensuring that healthcare is delivered in a safe manner in their hospitals (Goeschel et al. 2010). Unsafe healthcare can lead to patient harm and unnecessary costs (Levey et al. 2007). However, healthcare incidents continue, suggesting that hospital boards are still not in control when it comes to assuring patient safety (Berwick 2013). Boards have different instruments at their disposal, but the ongoing discussion on how to be in control is nowhere near ending (Parand et al. 2014). One of the instruments that hospital boards and executives can use for this purpose is auditing. Auditing is a multiple-source method that evaluates whether standards and regulations are being followed (van Gelderen et al. 2017). Safe patient care is fundamental to quality health-care services. Safety means “being safe, exemption from hurt or injury, freedom from danger” (Oxford English Dictionary, 2nd Edition 2002). Referring to The Canadian Patient safety Dictionary (2003), patient safety has been defined as “the reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal patient outcomes. “One way to measure patient safety is to examine the risk of adverse events “unexpected and undesired incidents directly associated with the care or services provided to the patient.” Systematic literature reviews demonstrate that the effects of auditing and feedback

on the behavior of healthcare professionals and on patient outcomes range from none to substantial, with a maximum of a 70% increase in compliance with desired professional practice (Ivers et al. 2012). Audits in these reviews focused on improving professional practice and guideline adherence within the group of professionals responsible for patient care. Little is known about the effects of audits organized at the hospital level and directed at several levels of patient care, including policy, patient safety culture, guideline adherence of professionals, and outcomes at the patient level (Jamtvedt et al. 2006).

About clinic ward & staff

The clinic was equipped with the medical apparatus and medicines. The clinic was not having a sufficient number of beds for the patients. The clinic hired professional medical staff and nurses. There were 3 shifts of the nursing staff per day and every nurse has 20 patient ratios that provide services and take care of their treatment. The clinic management guide and teach the staff that it's the doctor and nursing staff duty to facilitate the patients. It was observed that the management staff facilitates the patients by providing them all types of assistance. The management staff helps the patients to book the appointment through telephonic call or online.

Patient documentation

Documentation was concerned; the management staff makes sure that the documentation and checklist should be completed by the clerk staff. But during the audit that was observed, the documentation was not completed properly. The other details regarding patient disease and identification were documented. The patients were recognized by the ribbon on their hands and the management system makes sure the patient will get the proper treatment.

Patient assessment

The doctor and nursing staff took 15 days for the initial assessment of the patient and it will take 3-4 days for the re-assessment for the same patient if the disease was not diagnosing properly. The doctor and nursing staff took the history of the patient before admitting the patient in the clinic and keep the history details in the documentation of that patient. It is necessary to take the history of the patient and documentation should be attached in the patient file. The post-pain intervention was not documentation.

Management & Staff

The management and staff security were focused on the clinic. The staff uses the chemical carefully and safety documentation was also recorded in the files. Even the wastage of the clinic was disposed of properly. The wastage management department makes it sure that all the waste product was disposed appropriately and the drainage system was working. Emergency details and contact number is provided by the clinic to the patients and the previous patients for by assistance from the medical staff. Even the emergency contact details are labeled and mentioned on the main counters and walls of the clinic. Emergency instruction and necessary action were guided to the staff members of the hospital and they make sure that all the actions are applicable.

It was investigated that there were few activities was conducted by the hospital management for the training of emergency handling but the nursing and doctor staff didn't participate in those activities. Similarly, the fire extinguishing concern, all the details like contact number, evacuation plan, assemble area, and fire extinguishers cylinder placement and usage were guided by the security staff of the clinic. The management staff makes sure that the doctors and nursing staff should know how to handle emergencies.

The utility storerooms were cleaned and no carbon boards were on the floor. All the medical equipment and the medicines, chemicals, strip, and equipment was labeled properly. The staff makes sure the storeroom was clear and no expired medicine should be placed on the shelves of the store cupboard. All the medicines were labels, the room was cleaned and the equipment was arranged.

Staff role

The management staff makes sure the daily schedule of the doctor and nursing staff should be displayed at the most visible place. Even the shortage plan of the nurse was also provided by the management staff. The job description and the contact details of every staff member were mentions and documented in the record file of the hospital. But there were few mock sessions and different activities conducted by the staff which was not attended by the doctors and nurses, there were few people who were not wearing identity badges. This audit report shows the evolution of the medical center and clinic laboratory. It is one of the popular centers in the Jhang and there are few mis-handling of the things which will improve about this audit. The clinic is working hard and serves humanity but there is some room for improvement and the clinic should focus.

Serial #	Standard Elements	Current Status				Remarks
		Yes	No	N/A	N/T	
A. SERVICES SCOPE IN WARD						
1. About the ward and its staff						Remarks
1.1	Sufficient amount of bed?					The hospital has 20 beds
1.2	A ward was fully occupied?					Not sufficient amount of equipment's has been seen
1.3	Ratio of the patient per nurse?					Ratio of per nurse was 5
1.4	Types of patient in ward	Average age of patients was 40				
1.5	Age of patients (average)					
1.6	Safety of the patients					Staff provide safety for the patients and their attendants also
1.7	Shifts of nurse per day					There were 3 shifts of nurses per day
1.8	Number of nurse staff per shift in a ward					There were 12 patients assigned to a nurse
1.9	Difference between HCA and Nurses					HCA are those staff member who assistance the patients and nurses provide medicines and services to the patients

1.10	Number of patients assigned to the consultant				There were 20 patients assigned to a consultant
1.11	Professional staff practicing in a ward				The staff was professional in the clinic
1.12	What the staff do when patient unable to speak English?				Facilitate them with Urdu language
1.13	How patient book an appointment?				The people book the appointment online and through telephonic conversation
2. Patient's Case Study					Remarks
2.1	Required document before admitted the patient: <ul style="list-style-type: none"> • Patient diagnosis disease • Time patient was seen • Treatment course • Reason of discharge 				The family or the attendants submitted the entire patient's document before admitting them in the clinic. All the documents were submitted in the hospital record. Treatment given to the patients and discharge related details
2.2	Patient is on any clinic pathway				Before admitting in the hospital patient was on clinic pathway.
3. Documentation of the Patient					Remarks
3.1	Clinical record of the patient				All documents were provided
3.2	Patient entry date and date with identification				Details was entered in the record
3.3	Use of SOAP format by doctor in writing patient case study				No SOAP format was no followed
3.4	Filling the checklist documents				Checklist no filled properly
3.5	Use of abbreviations				No abbreviation was used in the documents
3.6	Proper filling of clerking sheets with relevant information or N/A if not applicable				There were no clerking sheets was filled properly
B. IPSPG INTERNATIONAL PATIENT SAFETY GOALS					
Patient Identification				Remarks	
1	How the staffs identify the patient?			They use and read the name by patient through ribbon	
2	How the unconscious patient was identifying?			Faculty use ribbon system to identify the name of the patient	
3	When the staffs use 2 patient's identifiers?			The staff can't identify the two patients at one time	
C. PATIENTS ASSESSMENT					
1. Initial Assessment				Remarks	
1.1	Main factors of initial assessment?			The vitals used for initial assessment	
1.2	How much time taken by doctor and nurses to complete initial assessment?			Within 15 days doctor and nurses complete the initial assessment	
2. Re-assessment of the patient				Remarks	
2.1	How many times the patient was re-assess?			3 to 4 times the patients were re-assess	
3. Pain Assessment of Patient				Remarks	
3.1	Initial assessment of the pain and how it measures?			Initial assessment was measured by conversation or the pass record	
3.2	Documentation of pain scores			The past record and perceptions used as the documents of pain scores	
3.3	How many times the assessment or re-assessment occur of a patient?			4 times re-assessment occur of a patient	

3.4	Post pain interventions are documented?				Post pain interventions wasn't documented
D. FACULTY MANAGEMENT & STAFFY					
1. Security and Safety					Remarks
1.1	Identified staff or visitors				Management and security staff make sure about the difference of staff and visitor
2. Hazardous Materials					Remarks
2.1	How to handle chemical spill?				Staff handle the chemical carefully
2.2	Completion of Material Safety documents				Safety documentation was complete
2.3	Examples names of hazardous types wastages				No wastage hazard named
2.4	How to dispose general wastage?				Incretion was used for general wastage
2.5	How to dispose of the cytotoxic wastage?				Incretion for wastage dispose
3. Emergency Management					Remarks
3.1	Information posted				Majority of information was posted
3.2	Instructions of any emergency				Instruction of all emergency was recorded
3.3	Emergency contact details				All the emergency contact details were available
3.4	Instruction for Fire Emergency				Fire emergency instruction was available
3.5	Participation of the staff in any Emergency exercise				Often staff participate in emergency exercise
4. Fire Safety					Remarks
4.1	Fire safety related to R.A.C.E				No RACE related fire safely
4.2	Fire Extinguishers location				Fire extinguisher cylinder was placed proper
4.3	Fire P.A.S.S				No fire PASS available
4.4	Fire hose reel location				No fire hose reel located
4.5	Hose reel related P.O.R.T.S				Hose reel was not available
4.6	Fire safety center contact number				Contact number of fire safety was mention
4.7	Doors of fire exist are closed				Doors was not closed near fire exist; door was working proper
4.8	Fire assemble area was located				The fire assemble area was not located
4.9	Participated in any fire drill by staff				There was no fire drill participation
5. Medical Equipments					Remarks
5.1	Updated and documented medical equipment's				The update documentation was recorded
5.2	Placement of oxygen cylinders are appropriate				The placement of oxygen cylinder was not proper
5.3	Care testing equipment's are available				Equipments relate care testing was not available
5.4	Sticks of urine labs are not expired				No urine stick was not expired
5.5	Quality record of hypo-count machine				Hypo-count machine was not available
5.6	Date/Time frame was expiring of hypo-count machine				Hypo-count machine was not available
6. Utility Systems					Remarks
6.1	Uninterruptable Power supply (UPS)				Uninterruptable Power supply was available in clinic
7. Utility Room-Clean					Remarks
7.1	Labeled and placed items are in correct containers				All the containers were labeled
7.2	Stock items are arranged in order				The stock items were not arranged

7.3	Items are elevated carton boxes on floor				Items were not elevated on the floor
7.4	No dirty items in utility room				Utility room was clean
7.5	No item placed in patient care room				Patient care room was cleared
7.6	CSSD items are accumulated in clean and dry area				CSSD items was not that clean
7.7	Check integrity items				No integrity item was checked
7.8	Pat-slide hung on wall				No pat-slide hung on wall
7.9	Utility room door is closed				Utility room door is not closed
8. Utility Room					Remarks
8.1	Closed room door				Utility room was not closed
8.2	Clean and dirty item separation				Item was not separated
9. Food & Pantry					Remarks
9.1	Labeled name and date for food storage				Date and name were labeled
9.2	Cleanliness of floor and not littered				The floor was clean
9.3	No food related item should be placed under sink				Cleanliness was observed there
9.4	Implementation of infection control and area cleanliness				Area was clean and controlled implementation
E. Staff Education & Qualifications					
Remarks					
1	Staff schedule placed in the department				The staff schedule was displayed in the department
2	Staff response plan on any emergency				Emergency plan was delivered to the staff
3	Unexpected staff shortage plan				Shortage plan was provided by management to the clinic staff
4	Job description of all staff is available				All staff job description was documentation
5	Ensure the competence of the staff? Does the staff get competence training?				Staff competence was not available
6	Staff is BCLS certified?				No BLC certified staff
7	Did all the new staff attend the induction program and what they have learnt from orientation?				Usually new staff didn't attend orientation
8	Staff articulation				No staff articulation was in clinic
9	Did the staff wear their identity badges?				Not all the staff member was wearing identify badge
10	What quality improvement activities were involved?				The clinic staff was not involved any other activities

N.A: Not Applicable **N.T:** Not Tested

Discussion:

While auditing Rana Medical Clinic and Laboratory Service, Jang campus, we observe that the building was built and labeled properly. The building was consisting of four floors and was highly equipped according to the demand of the clinic. The building was clean and disinfected for the patients and their attendants. The clinic was equipped with the medical apparatus and medicines. The clinic was not having a sufficient number of beds for the patients. The clinic hired professional medical staff and nurses. There

were 3 shifts of the nursing staff per day and every nurse has 20 patient ratios that provide services and take care of their treatment. The clinic management guide and teach the staff that it's the doctor and nursing staff duty to facilitate the patients. It was observed that the management staff facilitates the patients by providing them all types of assistance. The management staff helps the patients to book the appointment through telephonic call or online. Documentation was concerned; the management staff makes sure that the documentation and checklist

should be completed by the clerk staff. But during the audit that was observed, the documentation was not completed properly. The other details regarding patient disease and identification were documented. The patients were recognized by the ribbon on their hands and the management system makes sure the patient will get the proper treatment. The doctor and nursing staff took 15 days for the initial assessment of the patient and it will take 3-4 days for the re-assessment for the same patient if the disease was not diagnosing properly. The doctor and nursing staff took the history of the patient before admitting the patient in the clinic and keep the history details in the documentation of that patient. It is necessary to take the history of the patient and documentation should be attached in the patient file. The post-pain intervention was not documentation. The management and staff security were focused on the clinic. The staff uses the chemical carefully and safety documentation was also recorded in the files. Even the wastage of the clinic was disposed of properly. The wastage management department makes it sure that all the waste product was disposed appropriately and the drainage system was working. Emergency details and contact number is provided by the clinic to the patients and the previous patients for by assistance from the medical staff. Even the emergency contact details are labeled and mentioned on the main counters and walls of the clinic. Emergency instruction and necessary action were guided to the staff members of the hospital and they make sure that all the actions are applicable.

It was investigated that there were few activities was conducted by the hospital management for the training of emergency handling but the nursing and doctor staff didn't participate in those activities. Similarly, the fire extinguishing concern, all the details like contact number, evacuation plan, assemble area, and fire extinguishers cylinder placement and usage were guided by the security staff of the clinic. The management staff makes sure that the doctors and nursing staff should know how to handle emergencies. The utility storerooms were cleaned and no carbon boards were on the floor. All the medical equipment and the medicines, chemicals, strip, and equipment was labeled properly. The staff makes sure the storeroom was clear and no expired medicine should be placed on the shelves of the store cupboard. All the medicines were labels, the room was cleaned and the equipment was arranged. The management staff makes sure the daily schedule of the doctor and nursing staff should be displayed at the most visible place. Even the shortage plan of the nurse was also provided by the

management staff. The job description and the contact details of every staff member were mentions and documented in the record file of the hospital. But there were few mock sessions and different activities conducted by the staff which was not attended by the doctors and nurses, there were few people who were not wearing identity badges. This audit report shows the evolution of the medical center and clinic laboratory. It is one of the popular centers in the Jhang and there are few mishandlings of the things which will improve about this audit. The clinic is working hard and serves humanity but there is some room for improvement and the clinic should focus.

References

1. Berwick, D. (2013). "A promise to learn—a commitment to act: improving the safety of patients in England." *London: Department of Health*, 6.
2. Goeschel, C. A., Wachter, R. M., and Pronovost, P. J. (2010). "Responsibility for quality improvement and patient safety: hospital board and medical staff leadership challenges." *Chest*, 138(1), 171-178.
3. Ivers, N., Jamtvedt, G., Flottorp, S., Young, J. M., Odgaard - Jensen, J., French, S. D., O'Brien, M. A., Johansen, M., Grimshaw, J., and Oxman, A. D. (2012). "Audit and feedback: effects on professional practice and healthcare outcomes." *Cochrane database of systematic reviews* (6).
4. Jamtvedt, G., Young, J. M., Kristoffersen, D. T., O'Brien, M. A., and Oxman, A. D. (2006). "Does telling people what they have been doing change what they do? A systematic review of the effects of audit and feedback." *BMJ Quality & Safety*, 15(6), 433-436.
5. Levey, S., Vaughn, T., Koepke, M., Moore, D., Lehrman, W., and Sinha, S. (2007). "Hospital leadership and quality improvement: rhetoric versus reality." *Journal of Patient Safety*, 3(1), 9-15.
6. Parand, A., Dopson, S., Renz, A., and Vincent, C. (2014). "The role of hospital managers in quality and patient safety: a systematic review." *BMJ open*, 4(9), e005055.
7. Van Gelderen, S. C., Hesselink, G., Westert, G. P., Robben, P. B., Boeijen, W., Zegers, M., and Wollersheim, H. (2017). "Optimal governance of patient safety: A qualitative study on barriers to and facilitators for effective internal audit." *Journal of Hospital Administration*, 6(3), 15.