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Adherence to Patient Safety Protocols – Certain Issues Relating to Patient Care

B. Uma Shankari
Faculty, Department of Entrepreneurship Studies (MBA., Hospital Administration Course),
School of Business Studies, Madurai Kamaraj University, Madurai -21

ABSTRACT

The very aim of health care organizations is to provide quality treatment to patients which includes medical and nursing care, instant paramedical facilities, good hygienic hospital environment, safety of the patient, good rooms (in the caseof in-patients) and many more. The entire team of health care providers focus their attention on the patient. Patient satisfaction regarding the treatment given by the doctors and the care extended by the nurses are held as the top priorities. The success of the hospitals is determined mostly by the quality service rendered, to the patient although the infrastructural facilities are secondary consideration.

1. INTRODUCTION

The International Safety Goals prescribes six areas of patient safety. They are 1) identify patients correctly, 2) improve effective communication, 3) improve the safety of high – alert medications, 4) ensure safe surgery 5) reduce the risk of health care – associated infections and 6) reduce the risk of patient harm resulting from falls. Safety of the patient has to be ensured at every stage of the treatment process and improving patient care should be the primary goal of the hospitals which is compressed of access, waiting, information, administration, communication and ancillary services.

There are various components within each goal that should be properly attended to. Each component comprises of many other requirements that places responsibilities on each one of the care providers. Hence, intense up gradation of knowledge and continuous training must be given to the providers. The quality of training and the competence of the doctors and nurses ensures the efficiency of the operation system of the hospital. Some of the issues have to be solved with minute care in order to achieve patient satisfaction by field research.

The present research work focuses on four issues relating to patient care. The researcher during her work in hospitals has observed certain areas of patient care has not delivered with due importance. The concerned medical staff for want of knowledge consisted it as a trivial matter. But in actuality such mismanagement of small details might result in big accidents and ultimately the failure of the health organization. The researcher has singled out the following four safety tips and has framed the objectives.

2. OBJECTIVES

The Objectives Are

- To record the waiting time of the patients in the hospital and make an analysis
- To find out if the supply of meal services is followed as per scheduled timings.

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- To monitor the correctness of using wheel chairs and stretchers while transporting patients, and
- To observe the regularity of fastening of Identification Tag for in-patients (arms)

3. METHODOLOGY

In case of the first and second objectives, recording of time is made and explanation is madefor the third and fourth objectives. Continuous observation method is adopted by the researcher so that no event is missed for the research.

WAITING TIME OF PATIENT IN HOSPITAL

Waiting time refers to the time a patient waits in the clinic before being seen by one of the clinic medical staff. Waiting time is an important indicator of quality services offered by hospitals. There is a direct relationship between the waiting time of the patient in a clinic and his satisfaction of the care. Time at present context, is regarded to be a resource that everyone. The patient as well as his attendants want to spare the time properly and invest in other activities of the day. Lesser waiting time enables them to stay for minimum time in hospital and gives more satisfaction. Longer waiting time is likely to affect not only the patience of the health seekers but also his emotional stability and physical strength.

WAITING TIME

Waiting time in the present research refers to the time taken by the reception staff from the entry of registration number of the old patient in the reception desk till the dispatch of the out-patient file from the record room to the consultant. The standard time is fitted as ten minutes.

STEPS FOLLOWED

- To record the entry time of the patient's register number
- To record the dispatch time of outpatient file from the OP record room
- To calculate the time of entry of register number and exit of OP file, to the consultant.
- Finally to identify the lacunas and give suggestions

SAMPLE SIZE

150 patients out of all OP cases.

SAMPLING TECHNIQUE

Simple Random sampling.

DATA COLLECTION

The data were collected for ten days with the help of a standardized form, structured specifically for this purpose. The data were collected for fifteen days.

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THE RESULT

THE CALCULATION OF WAITING TIME SHOWED THE FOLLOWING RESULTS

NO. OF PATIENTS	WAITING TIME
34 (22.7%)	Less than 10 minutes
72 (48%)	11 to 20 minutes
34 (22.7%)	21 to 30 minutes
9 (6%)	30 to 40 minutes
1 (0.6%)	45 minutes
150	

The data reveal that only 22.7% of patients wait for less than ten minutes while a majority (77.3%) of patients waits for more than the standard time ten minutes. Twenty ninepercentages that is more than one fourth patients have to keep waiting for more than twenty minutes before their file is handed over to the physician for the consultation. Patients waiting time (as per the definition of the study) for more than twenty minutes can be taken as little higher because subsequently the other steps in the process have to be completed. It is noticed that patients after ten minutes become restless irrespective of their age and sex. For a short period the patients watch television, read some magazines, or use mobile phones. Gradually, they grow uneasy and then perturbed. Ultimately longer waiting time results in dissatisfaction of patients.

REASONS FOR DELAY

- In case of new patients, the OP file is issued in the reception. In a few file the OP number is not written in the OP files, by mistake which leads to searching of files at the time of the patients next visit.
- The computer system gets hanged frequently which leads for the delay.
- Due to urgency the OP record room staff skips to enlist the OP number.
- In a few cases the reception staff fails to make the entry.

ACTION TAKEN BY THE HOSPITAL AFTER THE STUDY

The study report was presented to the management and the following actions were implemented.

- At times of high patient flow, one staff from Medical record department was deputed to OP record room for help.
- Problems relating to computer system was rectified
- OP record staffs were educated by the staff of quality management about the consequences of delay and omissions and advised not to work in haste.
- The reception in charge to instruct and supervise continuously their staff not to neglect entries for patients at any cost.

SUPPLY OF MEALS AND PUNCTUALITY

The second objective is relating to the in-patients while the first one is on out-patients. In corporate hospitals food is supplied in the hospital itself. Meals are tailored to the specific

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health condition of the patients in a nutritional model. They are carefully planned and served in the right time specified in chart.

Supplying meals in right time would indicate many factors like, a) the importance given to the treatment course as diet is part of the process. On the other hand delay in the supply of meals result ina) the delayed intake of medicine at prescribed time, b)hampering the sleep of the patient, c) the time factor of the patients attendants and also,d) receiving complaints regarding the lack of coordination between various departments in the hospital. Delay in the supply of meals and missing out food items will definitely result in patient's dissatisfaction[5].

METHOD

This objective has the background reason of frequent complaints in feedback form from the family members of the patients. The complaint on food service delay was as frequent as two times per week. Hence it was decided to find out the factors contributing to delay.

FINDINGS

It was also reported by patient's family that the delay was between 15 and 20 minutes of the prescribed time.

REASONS FOR THE DELAY IN MEALS SUPPLY

The causes traced for the delay in the supply of meals are as follows:

- Delay to finish cooking food due to the late supply of vegetables by the vendor.
- Cooking of rice to the proper consistency was checked only at the time of setting food in the carrier.
- Sometimes the food prescribed by the dietician was not rightly prepared by the cook and it was noticed by the junior dietician at time of packing. And it was rectified by the cook which extends the time.
- a. There are some administrative reasons for the delay in meals supply. It is found out that when some patients are advised to be transferred to another ward or ICU for treatment reasons, this information is not intimated to the dietary department. This has resulted in unnecessary reporting or searching for patients (by personal enquiry) by the supplying staff.

  b. Sometimes the stewards find the room vacant when patients are temporarily taken to diagnostic services; they return the food to the dietary department.

ACTION TAKEN

In order to avoid this, a new system was introduced. Once the patient is transferred (or goes for other medical tests), an entry is made in the computer system by the staff Nurse which is viewed in the system of dietary department. It is also instructed to the dietician to mandatorily check the transfer out details before sending the meals to the rooms.

MANEUVERING OF WHEEL CHAIR A STRETCHER

Using a wheel chair in a hospital seems to be a very normal activity for the common man. Patients seated in wheel chairs are of common visibility to the patients waiting in the reception

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and also the public around. People would not give much thought to it. But, transferring patients to the wheel chair and transporting them has to be performed correctly with great care. This nursing action if performed wrongly or carelessly will cause pain discomfort and even injuries[6],[7]. Transferring patients under different occasions need different level of care. There are certain common instructions for caregivers to maneuver wheel chair[8]. Some of them are a) to check if wheels are locked when moving the patients, b) to ensure that the foot rests are in appropriate place for the patients, c) tell the patient that they are being moved, d) avoid placing heavy bags on the back of wheel chair. Lap belts are helpful for positioning patients, in wheel a chair. Improper positioning of foot rest can lead to lower back pain and excessive pressure on lower thigh. Studies on lap belt identify risk and report restrain and death due to lap belt and ever instruct caution regarding poisoning of lap belt and duration.

METHOD

The researcher observed for a week the transportation of patients on wheelchair by the house keeping staff accompanied by the nurse. When the observation reached fifty, the sampling was stopped. Only two safety tips for the wheel chair usages were observed. There two tips are fastening of the belt and footrest position. During observation a check list was used.

THE RESULT

It was observed that, out of the fifty patients. Only for 2 patients the seat belt was not fastened properly. In the case of foot rest out of the fifty patients, 18 incidents of wrong position were observed.

REASONS FOR WRONG USAGE

In these two cases, the staff reported that they were in a haste to shift the patient to wards / rooms / services, as per the direction given to them. It has also been realized that the staff lack knowledge of proper maneuvering of wheel chair. They are unaware of careful handling patients in wheel chairs and consequences of misuse.

SUGGESTION

The shifting staff were instructed in a special orientation regarding the importance of right method of maneuvering and training was arranged for them by the quality department.

PATIENT IDENTIFICATION TAGS

Using patient identification tag has been emphasized in all health care industry. The use of tags has many important utility values. Patients identification is required at every terminal of the treatment process, starting from admission till the discharge, including drug, administration, blood transfusion or surgical intervention. Patients identification and matching of patient to an intended treatment are performed routinely in health care system. Incorrect identification can result in wrong person, wrong procedure, medication error and diagnostic test error. Patients misidentification is printed out as the root cause of many errors WHO advices medical industry to check the identity of patients and match the correct patients with correct care – like laboratory results, specimens and procedures. Positive identification is critical for hospitals to

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ensure patient safety and protect patient's data. According to a researcher, 7-10% of registering patients are misidentified upon entry.

Studies on ID tags disclose some issues relating to wearing ID tags. Cultural issues like stigma associated with wearing ID tags are faced in certain hospitals. It is also reported that patient misidentification do occur due to similarity of names, name structure and date of birth. In order to avoid treatment errors, hospitals show high importance to ID tags.

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METHOD

The study adopted observation of inpatients for three days, taking random sampling. It has covered 90 patients.

4. FINDINGS

At the end of three days, covering randomly selected 89 samples, that only two patients were found without ID tags. The reasons for not tying the tag were that some patients received from Operation Theater to Intensive care unit without ID tag. It is reported that the staff forget to tie the tag at the time of shifting.

5. SUGGESTION

It was understood that even nurses lack knowledge on the importance of ID tags. Therefore, they were educated with that knowledge. Secondly the staff in charge of the operation theatre was instructed to be alert and check before shifting the patients.

6. CONCLUSION

Health care institutions are staying towards ensuring quality care to their patients. Assuring quality treatment is their primary objective to reach success. Every minute component of patient care should be taken into account perfect adherence to the safety protocols is very much essential. There are a number of expectations and norms in patient care like waiting time, meals supply, wheel chair maneuvering and use of identification tags that seem to be minute aspects of patient care. But actually they bear great impact on the patients. Sometimes staff are unaware of these safety tips or out of neglect fail to follow them therefore orientation is given at regular intervals. These minute things leave greater impact on the reputation of the hospitals. Hence, proper and continuous checking and restoration of safety protocols is important.

7. REFERENCE

[1] Al-Maraji Sara and Al-Subaie Armed. 'Waiting time and patient satisfaction in outpatient clinic. Finding from a tertiary care' in Journal of Family and community Medicine, Jan.2019, PR17-22.

ISSN:0971-1260

Vol-22-Issue-10-November-2019

[2] 'Australian Commission on Safety and Quality in Health Care' http//:www.safetyandquality.gov.in
[3] Charles ES, et.al. Review of the use of Physical Strains and Lap Belts with Wheel Chair Users : http://www.nebl.nlm.nih.gov
[4] Global Journal of Medicine and Public Health www.gjmedph.com vol.6, No.5, 2017
[5] Global journal of Medicine and Public Health www.gjmedph.com vo16, No.15, 2017.
[6] Gullapalli N.Rao 'How can We Improve Patient Care?' in Community Eye Health Journal, 2002; 15(41):1-3.
[7] 'Guide to using your manual wheel chair safely'. Oxford University Hospital, http://www.ouh.nhs.uk.
[8] 'How to Maneuver Wheel chair', http://www.karmanhealthcare.com
[9] Improper poisoning of foot rest care lead to lower back pain of excessive pressure of lower thigh. http://www.pationatepeople.invacare.eu.eo
[10] 'International Patient Safety Goals'. Joint Commission International https://jointcommissioninternaltiona.org.
[11] Kaplan.G, Lopz, MG. and GinneMS(eds). 'Issues in Access, Schedule, waiting time' Natural Academis Press,Washington (D.C), 2015.
[12] Kyungloo Kim, Minyoung Kimand Kyung-Eun Lee. 'Assessment of food service quality and identification of improvement strategies using hospital food service quality model' Nutrition Research and Practice, 2010, Apr:4(2) P 63:172.
[13] 'Manual wheel chair' – World Health Organizations, http://www.who.int.
[14] M.O.Oche and H.Adamu, Determinants of Patient waithing time in the General Outpatient Department of a Tertiary Health Institution in North Western Nigeria in Annals of Medical and Health Science Research Oct – Dec; 2013, 3(4); 588592.
[15] 'National Standard for Patient Identification Bands in Australia, http://www.safetyandquality.gov.au.
[16] 'Patient Identification; Patient Safety Solutions', Vol.1, Solution 2 May, 2007, World Health Organization and Joint Commission International.
[17] 'Should Every Patient Have a Unique ID Number for All Medical Records' Jan.2012, WSJ.

