

TAGORE DENTAL COLLEGE AND HOSPITAL

PATIENT SAFETY PROTOCOL

Intent :

The standards encourage an environment of patient safety and continual quality improvement. The patient safety and quality programme should be documented and involve all areas of the organisation and all staff members.

National/international patient-safety goals/solutions are implemented.

The organisation should collect data on structures, processes and outcomes, especially in areas of high-risk situations. The collected data should be collated, analysed and used for further improvements. Appropriate quality tools shall be used for carrying out quality improvement activities. Clinical audits shall be used as a tool to improve the quality of patient care. The improvements should be sustained. Department leaders play an active role in patient safety and quality improvement.

The organisation should have a robust incident reporting system. Sentinel events shall be defined. All incidents are investigated, and appropriate action is taken.

The management should support the patient safety and quality programme.

Summary of Standards

PSQ.1.	The organisation implements a structured patient-safety programme.
PSQ.2.	The organisation implements a structured quality improvement and continuous monitoring programme.
PSQ.3.	The organisation identifies key indicators to monitor the structures, processes and outcomes, which are used as tools for continual improvement.
PSQ.4.	The organisation uses appropriate quality improvement tools for its quality improvement activities.
PSQ.5.	There is an established system for clinical audit.
PSQ.6.	The patient safety and quality improvement programme are supported by the management.
PSQ.7.	Incidents are collected and analysed to ensure continual quality improvement.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

PSQ.1.	The organisation implements a structured patient-safety programme.
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Objective Elements

CORE	a. The patient-safety programme is developed, implemented and maintained by a multi-disciplinary safety committee. *
Commitment	b. The patient-safety programme is comprehensive and covers all the major elements related to patient safety.
Commitment	c. The programme covers incidents ranging from "no harm" to "sentinel events".
Commitment	d. Designated patient safety officer(s) coordinates implementation of the patient-safety programme.
Excellence	e. Designated clinical safety officer(s) coordinates implementation of the clinical aspects of the patient-safety programme.
Commitment	f. The patient-safety programme identifies opportunities for improvement based on the review at pre-defined intervals.
Excellence	g. The organisation performs proactive analysis of patient safety risks and makes improvements accordingly.
Commitment	h. The patient-safety programme is reviewed and updated at least once a year.
CORE	i. The organisation adapts and implements national/international patient-safety goals/solutions.

Standard

PSQ.2.	The organisation implements a structured quality improvement and continuous monitoring programme.
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Objective Elements

CORE	a. The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee.*
Commitment	b. The quality improvement programme is comprehensive and covers all the major elements related to quality assurance.*
Excellence	c. The quality improvement programme improves process efficiency and effectiveness.

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| Commitment | d. | There is a designated individual for coordinating and implementing the quality improvement programme.* |
| Commitment | e. | The quality improvement programme identifies opportunities for improvement based on the review at pre-defined intervals.* |
| Commitment | f. | The quality improvement programme is reviewed and updated at least once a year. |
| Commitment | g. | Audits are conducted at regular intervals as a means of continuous monitoring.* |
| CORE | h. | There is an established process in the organisation to monitor and improve the quality of nursing care.* |

Standard

PSQ.3.

The organisation identifies key indicators to monitor the structures, processes and outcomes, which are used as tools for continual improvement.

Objective Elements

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| Commitment | a. | The organisation identifies and monitors key indicators to oversee the clinical structures, processes and outcomes. |
| CORE | b. | The organisation identifies and monitors the key indicators to oversee infection control activities. |
| Commitment | c. | The organisation identifies and monitors key indicators to oversee the managerial structures, processes and outcomes. |
| CORE | d. | The organisation identifies and monitors key indicators to oversee patient safety activities. |
| Excellence | e. | The organisation has a mechanism to capture patient reported outcome measures. |
| Commitment | f. | Verification of data is done regularly by the quality team. |
| Commitment | g. | There is a mechanism for analysis of data which results in identifying opportunities for improvement. |
| Commitment | h. | The improvements are implemented and evaluated. |
| Achievement | i. | Feedback about care and service is communicated to staff. |

Standard

PSQ.4.	The organisation uses appropriate quality improvement tools for its quality improvement activities.
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Objective Elements

CORE	a. The organisation undertakes quality improvement projects.
Commitment	b. The organisation uses appropriate analytical tools for its quality improvement activities.
Commitment	c. The organisation uses appropriate statistical tools for its quality improvement activities.
Commitment	d. The organisation uses appropriate managerial tools for its quality improvement activities.

Standard

PSQ.5.	There is an established system for clinical audit.
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Objective Elements

Commitment	a. Clinical audits are performed to improve the quality of patient care.
Commitment	b. The parameters to be audited are defined by the organisation.
Achievement	c. Medical and nursing staff participate in clinical audit.
Commitment	d. Patient and staff anonymity are maintained.
Commitment	e. Clinical audits are documented.
Commitment	f. Remedial measures are implemented.

Standard

PSQ.6.	The patient safety and quality improvement programme are supported by the management.
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Objective Elements

Achievement	a. The management creates a culture of safety.
Commitment	b. The leaders at all levels in the organisation are aware of the intent of the patient safety and quality improvement programme and the approach to its implementation.
Commitment	c. Departmental leaders are involved in patient safety and quality improvement.
Commitment	d. The management makes available adequate resources required for patient safety and quality improvement programme.
Commitment	e. Organisation earmarks adequate funds from its annual budget in this regard.
Achievement	f. The management identifies organisational performance improvement targets.
Excellence	g. The management uses the feedback obtained from the workforce to improve patient safety and quality improvement programme.

Standard

PSQ.7.	Incidents are collected and analysed to ensure continual quality improvement.
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Objective Elements

CORE	a. The organisation implements an incident management system.*
Commitment	b. The organisation has a mechanism to identify sentinel events.*
Commitment	c. The organisation has established processes for analysis of incidents.
Commitment	d. Corrective and preventive actions are taken based on the findings of such analysis.
Achievement	e. The organisation incorporates risks identified in the analysis of incidents into the risk management system.
Excellence	f. The organisation shall have a process for informing various stakeholders in case of a near miss/adverse event/sentinel event.

Standard