"Awareness about International Patient Safety Goals among nurses in a Medical College and Hospital at Bangalore"

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ABSTRACT

Patient safety is a fundamental key component of hospital performance and improving staff nurses performance remains an ideal that every organization strives to achieve this goal. Health care has become more efficient and also become more complex, with greater application of new technologies and therapies, which needs adopting with the international patient safety goals to improve the patient safety environment to stimulate international competition and to increase the competitive advantages of the healthcare organizations at the national including international grades. Assessing their awareness is essential for identifying gaps and enhancing patient safety practices.

Keywords: IPSG; Patients Safety; Quality care; Residents; goals; intensive care units

INTRODUCTION

Patient safety is a cornerstone of quality healthcare and a critical global priority. It is the responsibility of every healthcare professional who is directly or indirectly involved in patient care. Healthcare is a rapidly evolving field with the advent of sophisticated diagnostic and therapeutic medical equipment, the operational environment in hospitals is becoming increasingly complex. This in turn reinforces the need to prevent harm to patients during their treatment in hospitals. In response to rising concerns about medical errors and adverse events, the **World Health Organization (WHO)** and the **Joint Commission International (JCI)** was developed the **International Patient Safety Goals (IPSG)** in 2006. These goals are designed to improve patient safety by promoting specific actions that prevent harm and ensure consistent, high-quality care across healthcare settings worldwide. As per World Health Organisation (WHO) newsletter dated 26 August 2019, one in ten patients in developed countries suffer harm while receiving hospital care. However in developing countries, the probability of patients getting harmed in hospitals is higher. In some developing countries, the danger of healthcare-associated infection is 20 times more than the developed countries. The 55th World Health Assembly (WHA) deliberated upon the report on patient safety and urged member states to pay the closest possible attention to the problem of patient safety; and to establish and strengthen science based systems, necessary for improving patients' safety and the quality of healthcare, including the monitoring of drugs, medical equipment and technology [1]. The failure to identify patients correctly results in medication errors, transfusion errors, testing errors and wrong person procedures. The most error-prone communications are patient care orders given verbally and over the telephones. An additional area prone to communication errors is the reporting of critical test results over the phone. Medications that carry a high risk of adverse outcomes include Look-Alike and Sound-Alike (LASA) medication.

In India, especially in fast-growing urban healthcare hubs like Bangalore, ensuring that nurses are well-informed about the IPSG is crucial for aligning with international standards and achieving accreditation from global healthcare bodies. However, awareness levels may vary due to differences in education, training, and institutional emphasis on patient safety.

The IPSG framework includes six key objectives:

1. **Identify patients correctly**
2. **Improve effective communication**
3. **Improve the safety of high-alert medications**
4. **Ensure correct-site, correct-procedure, correct-patient surgery**
5. **Reduce the risk of healthcare-associated infections**
6. **Reduce the risk of patient harm resulting from falls**

Nurses play a pivotal role in the implementation of these goals as they are involved in nearly every aspect of patient care. Their awareness, knowledge, and adherence to safety protocols are essential for minimizing risks and ensuring positive patient outcomes.

In hospitals, Ineffective or inadequate communication between members of the surgical team, lack of patient involvement in site

marking and lack of procedures for verifying the operation site are additional causes to these errors. Healthcare- Associated Infections (HAIs) are often serious and even deadly for patients. [2]

Goal 1- Identify patients correctly: The objective of this goal is two-fold: first, to reliably identify the patient for giving the service or treatment and secondly to match the service or treatment to that particular patient. The identification process used throughout the hospitalization requires a minimum of two criteria like the patient's name, UHID no, birth date and a barcoded wristband [3].

Goal 2- Improve effective communication: Communication is considered to be effective in reducing errors and improving patient safety when it is timely, accurate, complete, unambiguous and well understood by the recipient. Verbal orders are NOT allowed and are acceptable only in life threatening conditions where read back procedure is strictly enforced. All verbal orders are to be countersigned by the doctor who has given orders within 24 hours [4].

Goal 3- Improve the safety of high-alert medications: Any medication, which people often purchase without a prescription, if used improperly can cause injury. Examples of high alert medications include investigational medications, controlled medications, chemotherapy drugs, anticoagulants, psychotherapeutic medications and LASA [5,6].

Goal 4 - ensure correct site, correct procedure and correct patient surgery (Safe surgery): Patient injury and adverse/ sentinel events resulting from wrong site, wrong procedure and wrong patient surgery are continuous concerns for hospitals. It is mandatory that the site marking is done by the surgeon or the physician of the surgical team. Surgical Safety Checklist (SSC) must be filled to ensure safe surgery/procedure. Site marking has an upward arrow only. Putting a cross (X) is not recommended [2].

Goal 5 - reduce the danger of HAI: Infections common to all or any healthcare settings include Catheter-Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI) or septicaemia and Ventilator Associated Pneumonia (VAP). Hand hygiene guidelines are required to be posted in appropriate areas and staff is required to be educated for proper hand washing and hand disinfection procedures [7].

Goal 6 - reduce the risk of patient harm resulting from falls: Risk of fall is assessed using Morse Fall Scale for adults and Humpty Dumpty tool for paediatric patients. All precautions to prevent patient fall must be taken such as: keeping the bed rails upright, using strap belts while transporting the patients on wheel chair, using fall caution board while moping etc [8].

METHODOLOGY

This observational cross-sectional study was conducted from March 2025 to May 2025, in a Medical hospital of Bangalore. In-principle concurrence was accorded by ethics committee for the study since patient data being audited in this study was of routine nature in the concerned setting and did not breach any patient confidentiality/ethical parameters/or involve any human clinical trials. The healthcare staff that had consented to participate in the study was included in the awareness audit through questionnaire.

Inclusion criteria: Staff Nurses serving in critical patient care areas and acute patient care wards where the patient was still under active management of nursing staff and who have voluntarily agreed to participate in this study and were between 25 - 45 years of age were included in the study.

Exclusion criteria: Those who are absent on the day of data collection and not willing to participate were excluded from the study.

Sampling technique: The stratified random sampling technique was used. A questionnaire, comprising of 15 Multiple Choice Questions (MCQs) and 25 fill-in-the-blanks, based on IPSG was given.

RESULTS

A total of 500 patient records/documents were selected for observing towards IPSG. A questionnaire consisting of basic questions pertaining to IPSG and was given to staff nurses (n=300) to check their awareness to these goals. Demographic characteristics of participants in this study in terms of age, gender and professional experience. A total of 394 patient records/documents were audited for patient safety compliance. Out of the six goals of IPSG, the best compliance was observed for the fourth goal of IPSG (ensure safe surgery) for which the compliance was 100%. The lowest compliance was observed for 2nd, 5th and 6th goal (improve effective communication, reduce the risk of healthcare associated infection and reduce the patient harm resulting from fall) which was 81%, 80% and 78%, respectively. The awareness questionnaire was given to staff nurses (n=300). The findings revealed that awareness was highest in nurses (84.8%).

DISCUSSION

This study was primarily aimed at studying the awareness about IPSG among nurses. A total of 394 patient records/documents pertaining to high-risk critical patient care areas like operation rooms, Intensive Care Units (ICU), Emergency Department, and acute care wards were audited. The compliance to correct identification of patients (IPSG-1) was 339 (86%). The result of the compliance audit of patient records brought out, that the areas which need more focus are 2nd, 5th and 6th goal of IPSG which are 'improve effective communication', 'reduce the risk of healthcare associated infection', and reduce patient harm.

CONCLUSION

The results of compliance audit and awareness study amplify the present status and knowledge of nursing staff towards IPSG. Though, the compliance gathered from the data can be termed as good, hospitals must always strive for continuous quality improvement in this area. It was observed that the cause of non compliance with IPSG by staff was inadequate knowledge or reduced concern for safety or a combination of both. Out of the six goals of IPSG, the documented non compliance was observed to be more for 2st, 5th and 6th goal. Furthermore, the result of awareness among staff was found to be highest in nurses 73 (84.8%). The study has also brought out the areas of non compliance to each of the patient safety goals. Remedial measures in the form of organising regular symposia/seminars, lectures, workshops and on the job training has been recommended to the hospital authorities. Additionally, the new staff joining the hospital also need to be sensitised on patient safety measures.

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