

STUDY TO ASSESS THE KNOWLEDGE AND COMPLIANCE REGARDING IPSG AMONG STAFF NURSE AT SELECTED HOSPITAL LUCKNOW

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Abstract: Patient safety is the Corner stone of quality healthcare and is one of the important concerns in health care. Safety does not happen by accident. So we should seek safety, aim safety and ensure safety. The study is to access the knowledge and compliance of the nurses concerning IPSG in a selected hospital at Lucknow. A descriptive research design was used with 57 staff nurses by using non probability purposive sampling technique. The results show that the nursing staff was having in adequate knowledge regarding to patient safety goals and un satisfactory practices. Regarding correlation between knowledge and compliance practice shows positive correlation. In this study most of the nursing staffs are having in adequate knowledge, with regarding to compliance to 1PSG most of them having good level of practice regarding correlation between knowledge compliance show positive correlation.

Introduction

Patient safety deficiencies impact on outcomes, quality of life and the effectiveness and efficiency of healthcare, and can lead to significant inequity. Safety is the basic tenet of high healthcare quality. The JCI published many documents about 1PSG and requested accredited HCO to comply with the PSG and to reduce the number of errors and incidents. PSG helps the organizations to keep track of patient's safety. Patients safety goals are to be applied in all hospital. Jcl published 1 PSG. Consisting of six key items.

1. Identify the patients correctly.
2. Improve communication.
3. Improve the safety of high risk medications.
4. Ensure correct site, correct procedure, and correct patient surgery.
5. Reduce the risk of health care assented infections.
6. Reduce the risk of patient harm resulting from falls.

Patient harm is not just a result of human of fallibility but the result of system failure. Much of the how can be prevented by improvements in the level of clinical practices, organizations and systems.

Objectives

1. To assess the knowledge on IPSG among staff nurse.
2. To assess the compliance of IPSG among nurse.

Hypotheses

H- I There is a significant level of knowledge on 1PSG

H- II There is significant level of association between knowledge and practice/compliance

H -III There is significant level of correlation between knowledge and compliance on 1PSG.

Methodology In this study Descriptive research design was used. It was conducted at selected hospital at Lucknow. 57 staff nurses who had satisfied the inclusion criteria were selected as sample by using interview technique.

Tools – Consists of 4 parts

Section. A - Consists of demography variables of age, gender, education qualification, and year of experience.

Section B – Consists knowledge questionnaire on 1PSG-

Section. C – Consists of compliance on 1PSG/ practices scale

Table 1: Level of knowledge on 1PSG

Level of knowledge	Score	Percentage
Poor knowledge	0 -30	4.67 %
Moderately adequate knowledge	31-35	30.11%
Excellent knowledge	Above 35	65.20%
Total		99.98%

Out of 57, 4.69 % had poor knowledge.

30.11% had moderately adequate knowledge.

65.20% had excellent of knowledge.

Section- B

Table 1: Shows the patient identification IPSG Goals

Parameter	Score range	No of Patients (n=57)		r value	P value
		Baseline	On compliance		
Poor Identification	0-30	0 (0.0%)	0 (0.0%)	0.652	0.010

Moderately Adequate Identification	31 – 35	3 (5.26%)	1 (1.75%)		
Excellent Identification	Above 35	54 (94.74%)	56 (98.25%)		

Table 2: Shows the effective communication on IPSG

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor Communication	0-30	0 (0.0%)	0 (0.0%)	0.489	0.015
Moderately Adequate Communication	31 – 35	3 (5.26%)	1 (1.75%)		
Excellent Communication	Above 35	54 (94.74%)	56 (98.25%)		

Table 3: Shows Improving the safety of high risk medication on IPSG

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor safety of high risk medication	0 – 45	04 (7.01%)	0 (0.0%)	0.512	0.014
Moderately Adequate safety of high risk medication	46 – 55	32 (56.14%)	24 (42.10%)		
Excellent safety of high risk medication	Above 55	21 (36.84%)	33 (57.89%)		

Table 4: Shows reducing health care associated infections on IPSG

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor reducing health care associated infections	0 – 35	04 (7.01%)	1 (1.75%)	0.0398	0.032
Moderately Adequate reducing health care associated infections	35 – 40	21 (36.84%)	17 (29.82%)		
Excellent reducing health care associated infections	Above 40	32 (56.14%)	39 (68.42%)		

Table 5: Shows preventing patients falls on IPSG

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor preventing patients falls	0 – 35	06 (10.52%)	1 (1.75%)	0.354	0.042
Moderately Adequate preventing patients falls	35 – 40	27 (47.36%)	22 (38.59%)		
Excellent preventing patients falls	Above 40	24 (42.10%)	34 (59.64%)		

Table 6: Shows ensure correct site, procedure patient surgery on IPSG

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor preventing patients falls	0 – 20	02 (3.50%)	0 (0.0%)	0.387	0.047
Moderately Adequate preventing patients falls	21 – 25	17 (29.82%)	11 (19.29%)		
Excellent preventing patients falls	Above 25	38 (66.67%)	46 (80.70%)		

Level of compliance/ practice on international patient safety goals

	Score	Percentage
Good practice	Above 35	77.19 %
Poor practice	31-35	22.80 %
Total		99.99%

The above table shows that out of 57 sample 77.19% had good practice and 22.80% had poor practice on 1PSG-

Table:1 Shows the mean and standard deviation of patient identification IPSG

Parameter	Score range	No of Patients (n=57)		r value	P value
		Baseline	On compliance		
Poor Identification	0-30	-	-	0.652	0.012
Moderately Adequate Identification	31 – 35	31.54±0.5	33.9±0.00		
Excellent Identification	Above 35	36.80±1.23	39.1±1.54		

Table:2 Shows the mean and standard deviation of effective communication on International Patient Safety Goals

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor Communication	0-30	-	-	0.489	0.015
Moderately Adequate Communication	31 – 35	31.54±0.5	33.9±0.00		
Excellent Communication	Above 35	36.80±1.23	39.1±1.54		

Table:3 Shows mean and standard deviation of the safety of high risk medication on International Patient Safety Goals

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor safety of high risk medication	0 – 45	36.32±1.23	-	0.512	0.021
Moderately Adequate safety of high risk medication	46 – 55	48.0±1.24	54.1±1.14		
Excellent safety of high risk medication	Above 55	56.3±2.42	58.7±1.87		

Table:4 Shows mean and standard deviation of health care associated infections on International Patient Safety Goals

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor reducing health care associated infections	0 – 35	28.2±1.19	34.02±0.01	0.0398	0.029
Moderately Adequate reducing health care associated infections	35 – 40	35.90±1.36	38.0±1.42		
Excellent reducing health care associated infections	Above 40	42.01±1.26	44.0±1.22		

Table 5: Shows mean and standard deviation of preventing patients falls on International Patient Safety Goals

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor preventing patients falls	0 – 35	33.0±1.24	35.01±0.10	0.411	0.039
Moderately Adequate preventing patients falls	35 – 40	36.0±1.88	39.00±1.42		
Excellent preventing patients falls	Above 40	41.0±1.23	44.0±1.42		

Table 6: Shows mean and standard deviation of ensuring correct site, procedure patient surgery on International Patient Safety Goals

Parameter	Score range	No of Patients		r value	P value
		Baseline	On compliance		
Poor preventing patients falls	0 – 20	18.0±2.11	-	0.387	0.047
Moderately Adequate preventing patients falls	21 – 25	21.3±1.88	24.10±2.23		
Excellent preventing patients falls	Above 25	26.00±1.13	29.32 (80.70%)		

The above table shows that the mean and standard deviation of knowledge and compliance

Table 5- Shows the correlation of knowledge with compliance on 1PSG

Variable	Correlation
Knowledge	positive
Practice	positive

There was no significant association with the demography variable such as age, qualification and. But year of experience shows some.

Conclusion

The study shows that most of the nursing staff are having in adequate knowledge, with regarding to compliance to 1PSG most of them having good level of practice regarding correlation between knowledge compliance shows positive correlation.

Reference

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