

Patient Safety Audit Check-List

Name of the Auditor/Assessor -	Designation -
Date of Audit-	Signature -

Guidance Note:

- This checklist is designed to improve patient safety and quality outcomes, by reducing patient harm and eliminating medical errors
- Checklist will be used by all departments
- The checklist is intended to assess the patient safety based on “National Patient Safety Goals”
- Assessor need to give score based on the findings as “Met”, “partially met” or “not met”.
If criteria met 100 % - 2, 50-99% - 1, Less than 50% -0.
- Method of audit
 - RR- Record Review
 - SI- Staff Interview
 - PI- Patient Interview
 - OB- Observation
- After assessment, compile the score in Excel format

Sr. No	Goals	Check point	Suggested method	Audit method	Met (2), Partially met (1), Not met (0)	Remarks (If any)
1	Identify patient correctly	Use at least two ways to identify patients.	Patient's Unique Health Identification (UHID) number and name on case files, wrist tags etc	SI/OB		
		Documented policies & procedures are available for identification of patient during diagnostic services, blood transfusion and medication. Example – blood/other specimen collection	<ul style="list-style-type: none"> • Availability of policies/procedures • Labeling of test containers prior to collection/phlebotomy • The hospital ensures that patient blood samples for cross-matching are securely identified with two unique identifiers i.e. UHID & name Before administering medications, nurse uses two unique identifiers i.e. UHID & name to confirm patient identity 	RR/OB/SI		

2	Improve effective communication	The hospital maintains clear and effective channels of communication	<ul style="list-style-type: none"> • Policies, procedures and system in place for communication of urgent critical results. Example- Troponin T, HIV, HBsAg, Sodium, Potassium, etc. • Policies, procedures and system in place to ensure hospital-wide recognition of and response to clinical deterioration. Example- Code blue (cardiopulmonary arrest and life – threatening emergencies in hospital), Code orange (disaster or mass casualties) • Policies, procedures and system in place to ensure safe communication of pending test results to patients and care providers after discharge also 	SI/RR		
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			<ul style="list-style-type: none"> • Hospital minimizes use of verbal and telephone orders and transmission of results, and “read back” is practiced where verbal communication is essential • System(s) in place for safe and thorough handover of patients between clinical teams • Policies, procedures and system in place to ensure when and how to obtain urgent care after discharge, if required 			
3	Improve the safety of high alert medications	High risk medication orders are verified prior to dispensing and administration	<ul style="list-style-type: none"> • Policies and procedures are available and implemented for verifying the high-risk medication orders prior to dispensing • The hospital have list of high risk medications and communicate it to the medical, nursing and pharmacy staff 	RR/SI/O B		

			<ul style="list-style-type: none"> Medications shall preferably be given only after written orders & it should be verified by the staff before dispensing & administration and register to be maintained 			
		Sound alike and look alike medications are stored separately	<ul style="list-style-type: none"> Documented policy supported by procedures, guidelines, training and orientation and provision of infrastructure for this (rack or cabinet or crash cart), same drug with different strengths to be included in the list 	RR/OB		
4	Ensure safe surgery	The Hospital implements the Use of measures such as surgical safety checklist, pre-op checklist etc	<ul style="list-style-type: none"> Surgical safety checklist used in operating rooms for every surgical procedure policies, procedures & guidelines to prevent adverse events like wrong site, wrong patient and wrong surgery by 	RR/SI		

			<p>a suitable mechanism i.e. “Pre-operative and transfer checklists are used”</p> <p>“Site marking is done where appropriate”</p> <ul style="list-style-type: none"> • Audits to be done at periodic intervals 			
5	Reduce the risk of health care associated infections	The hospital has a multi-disciplinary infection control committee and infection control team	<ul style="list-style-type: none"> • The hospital conforms to recognized guidelines for infection prevention and control i.e. WHO, NABH, CDC, etc. • Infection control committee meetings proceeding, recommendations and action taken must be available 	RR/OB		
		An appropriate antibiotic policy is established and implemented	<ul style="list-style-type: none"> • Hospital antibiotic policy & guidelines for its implementation should be available. 	RR		
		The hospital monitors surgical site infections	<ul style="list-style-type: none"> • Documented policies, procedures & guidelines for 	RR		

			<p>monitoring surgical site infections</p> <ul style="list-style-type: none"> • Sending pus/swab for microbiological culture. • All records of this monitoring to be preserved 			
		Hand washing facilities in all patient care areas are accessible to health care providers	<ul style="list-style-type: none"> • Provision of running water, soap/ soap solutions, clean towels and a pictorial instruction card/ chart/ display on proper technique of hand washing (recognized guidelines i.e. WHO, CDC) • Where hand washing facility is not possible chemical skin friendly body disinfectants (sanitizer) with dispensers can be provided 	OB/SI		
		The hospital is authorized by prescribed authority for the	<ul style="list-style-type: none"> • Verify for valid pollution control board license 	RR		

		management and handling of Bio-medical Waste.			
6	Identify Patient Safety Risks	The hospital identifies patients who are at risk/need psychological assessment	<ul style="list-style-type: none"> • Policies and procedures for initial and on-going assessment of patients at risk of suicide • Training records of staff trained in policies and procedures to reduce risk of Inpatient suicides • Process to measure compliance with policies and procedures to reduce risk of Inpatient suicides • Infrastructure is available to prevent such risks e.g., side rails, closing of roof for general public etc. 	RR/SI	

7	Use of clinical alarm safety	The hospital makes improvements to ensure that alarms on medical equipment are heard and responded to on time	<ul style="list-style-type: none">• Policies and procedures for management of alarms on medical equipment• Training records of staff trained in management procedures	OB/RR		
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