DOI: 10.21088/jha.2582-3566.9225.1

Journal of Hospital Administration
Volume 9 Number 2, July - December 2025

ORIGINAL ARTICLE

Accomplishment of International Patient Safety Goals (IPSG) in Enhancing Patient Safety: A Study at a Tertiary Care Hospital in New Delhi

Mohd. Shoaib[1], Iffat Naseem[2]

HOW TO CITE THIS ARTICLE:

Mohd. Shoaib, Iffat Naseem. Accomplishment of International Patient Safety Goals (IPSG) in Enhancing Patient Safety: A Study at a Tertiary Care Hospital in New Delhi. RFP Jl of Hosp Admin 2025; 9(2): 51-62.

ABSTRACT

Ensuring patient safety is a significant priority in healthcare settings. The International Patient Safety Goals provides as a globally recognized outline for civilizing healthcare quality and minimizing risks. This study measures the assessment of patient safety with the implementation of IPSG at a tertiary care Hospital in Delhi. To continue this study a mixed-method was used with the observational assessment of staff interviews and patient safety incident reports. Further this study examines the key aspects such as patient identification accuracy, effective communication, medication safety, infection prevention, surgical safety, and fall prevention strategies. The findings and results indicate that while IPSG implementation has significantly improved patient safety outcomes, challenges such as staff adherence, resource constraints, and training gaps remain. Finally the study highlights best practices and areas that require improvement, offering insights for strengthening patient safety measures. These findings contribute to on-going efforts in IPSG adherence and enhancing overall healthcare quality.

KEYWORDS

• Patient Safety • International Patient Safety Goals • IPSG • Tertiary Care Hospital • Healthcare Quality

AUTHOR'S AFFILIATION:

[1] Operation Executive, MEDIGENCE, Noida, Uttar Pradesh, India.

[2] Assistant Professor, Department of Hospital Management and Hospice Studies, Jamia Millia Islamia (A Central University), Jamia Nagar, New Delhi, India.

CORRESPONDING AUTHOR:

Iffat Naseem, Assistant Professor, Department of Hospital Management and Hospice Studies, Jamia Millia Islamia (A Central University), Jamia Nagar, New Delhi, India.

E-mail: inaseem@jmi.ac.in

➢ **Received:** 13-08-2025 ➢ **Accepted:** 27-09-2025

INTRODUCTION

The quality care of the patient has a key role played by the Joint Commission International (JCI). The JCI is the one who has established the International Patient Safety Goals (IPSG) with the vision to improve patient care quality and safety in all healthcare settings worldwide. The objectives based on International Patient Safety are meant to decrease common hazards such as patient injury and medical errors. In addition to this, patients should receive safe, efficient, and larger car. Therefore, JCI-accredited healthcare organizations must abide by the IPSG. Significant topics such as patient identification, communication, drug safety, infection control, and surgical safety are the emphasis of the IPSG. International Patient Safety Goals are intended to assist organizations in enhancing patient safety. There are six goals, thirteen standards and thirty nine Measurable Elements.

Goal 1: Identify Patients Correctly.

It has been observed that there are chances of errors while diagnosis and treatment. Throughout the hospital, patients are free to switch beds, rooms, or places; they may be sedated, disoriented, or not completely awake. They may have sensory impairments; they may forget who they are; or they may be vulnerable to various circumstances that could result in mistakes in correct identification. This objective has two parts: accurately determining the person for whom the service or treatment is meant; and 3 matching the service or treatment to that person. Each patient must be identified in at least two different methods, according to the hospital's identification policy, such as by name, identification number, birthdates, bar-coded wristband, or another method.

Standard IPSG1

The hospital creates and uses a procedure to increase the precision of patient identifications Measurable Elements of IPSG1

At least two patient IDs, which do not includes the patient's room number or location within the hospital, must be used to identify the patient and to label the patient's care and treatment plan's components. Prior to conducting diagnostic tests, administering treatments, and carrying out other operations, patients are recognized. In unusual situations, such as with unnamed new-born or a patient who is unconscious, the hospital makes sure that patients are identified correctly.

Goal 2: Improve Effective Communication

Effective communication helps in reducing errors and increases patient safety. Poor communication can have a serious impact on patient care situations such as verbal and telephone patient care orders. Hand-off communication refers to the dissemination of patient-specific information from one caregiver to another, or from caregivers to the patient and family in order to preserve the continuity and security of the patient's care. The repeat-back and read-back procedures need to be incorporated into the handover procedure in order to give the patient safe treatment.

Goal 3: Improve the Safety of High Alert Medications

Appropriate management is essential to maintaining patient safety when drugs are a part of the patient's treatment plan. Any medicine, even ones that don't require a prescription to buy, might harm you if used incorrectly. However, when high-alert drugs are administered incorrectly, harm is likely to be more severe, which can increase patient suffering and possibly increase the expense of caring for these individuals. Insulin, opioids, chemotherapeutic drugs, antithrombotic drugs, anticoagulants, thrombolytic, neuromuscular blockers, and epidural or intrathecal drugs are some of the most commonly mentioned examples of high-alert pharmaceuticals. Look-alike/sound-alike names are those for medications that, when written or pronounced, resemble or sound similar to those of other medications. Medicine containers or primary packaging that resembles that of another drug is referred to as "looking-alike" packaging. Drugs names that are potentially hazardous such as dopamine and butamine, may result from medications that are subject to LASA confusion or packaging that is similar. Worldwide, name confusion is a frequent reason for pharmaceutical mistakes.

Goal 4: Ensure Safe Surgery

The improper site, inappropriate method, and wrong-patient surgery continue to be a source of serious patient damage as well as bad and sentinel events for hospitals. Such occurrences can be caused by poor or insufficient communication among team members doing invasive or surgical procedures, the absence of a method for marking the location of the procedure and of patient participation in the

marking process. Other frequent contributing variables include a culture that discourages open communication 7 among team members, problems with legible handwriting, the use of acronyms, and improper patient assessment. The essential elements of the Universal Protocol are

The operation's preoperative verification phase;

- The marking of the surgical site; the improper site, inappropriate method, and wrong-patient surgery continue to be a source of serious patient damage as well as bad and sentinel events for hospitals. Such occurrences can be caused by poor or insufficient communication among team members doing invasive or surgical procedures, the absence of a method for marking the location of the procedure and of patient participation in the marking process. Other frequent contributing variables include a culture that discourages open communication 7 among team members, problems with legible handwriting, the use of acronyms, and improper patient assessment. The essential elements of the Universal Protocol are
- The operation's preoperative verification phase;
- The marking of the surgical site; and
- The timeout held just before the procedure begins

Standard IPSG 4 The hospital creates and puts into action a procedure for designating the surgical or invasive treatment location and preoperative verification.

Goal 5: Reduce the Risk of Health Care-Associated Infections.

Most health care settings struggle with infection prevention and control, and patients and healthcare professionals are very concerned about the rising numbers of infections that are related to healthcare. Proper hand hygiene is essential to the eradication of these and other illnesses. The World Health Organization (WHO), the US Centres for Disease Control and Prevention (US CDC), and numerous other national and international organisations all provide hand hygiene recommendations that are universally accepted. The proper hand-washing and hand-disinfection techniques are taught to staff members and hand-hygiene rules are posted in the relevant places. In situations where hand-washing and hand-disinfecting processes are necessary, soap, disinfectants, and towels or other means of drying are available.

Goal 6: Reduce the Risk of Patient Harm Resulting From Falls

Falls are a common cause of injury in hospitals, affecting both inpatients and outpatients. The patient, the circumstance, and or the environment all influence the risk of falls. Patients may be at risk for falling, using drugs, drinking alcohol, having balance or gait issues, having visual impairments, having changed mental status, and other things. Patients who had previously been deemed to have a low risk of falling May now suddenly have a high risk. Surgery, anesthesia, rapid changes in the patient's state, and medication adjustments are only a few of the causes. Throughout their hospital stay, many patients need to be re-evaluated. Patients who are thought to be at high risk for falls are identified using fall risk criteria. These standards, together with any interventions used, are noted in the patient's medical file since they support the patient's classification as a fall risk. It is the hospital's duty to determine which patients in its patient population may be at a high risk for falling.

Background of the Study:

Concerns over medical errors, adverse events, and avoidable patient injury have made patient safety a top focus in the worldwide healthcare system. Research indicates that improved systems, procedures, and attentiveness can avert a sizable portion of adverse outcomes in healthcare settings. According to estimates from the World Health Organization (WHO), around one out of ten patients globally experience harm while undergoing hospital treatment, with the burden of harm being greater in low-and middle-income nations. In order to create globally accepted criteria for patient safety, the Joint Commission's JCI, which accredits healthcare institutions in more than 100 nations, created the IPSG. The IPSG was first presented in 2006 and is in line with the overarching goal of enhancing healthcare delivery and averting preventable patient harm. These objectives give healthcare organizations useful parameters to follow for enhancing safety results, and they are revised frequently in response to changing patient safety studies.

JUSTIFICATION FOR THE STUDY

The need to improve patient safety knowledge and implementation, particularly in settings where healthcare delivery is extremely complex and dynamic, is the driving force behind research into the International Patient Safety Goals (IPSG). The purpose of this study is to give a thorough grasp of the significance of IPSG and their function in risk reduction and patient-centred care. Healthcare organizations can find weaknesses in their safety procedures and address important issues including lowering medical errors, boosting drug safety procedures, and increasing staff communication by examining the IPSG. The long-term advantages of achieving these objectives such as improved health outcomes, decreased hospital acquired infections, and increased patient satisfaction are also the subject of the study.

Aim and Objectives of the Study:

To evaluate the International Patient Safety Goals (IPSG) at the Tertiary Care Hospital.

The key objectives of the study are

- To ensure accurate patient identification for the procedure done in the Hospital.
- To assess communication of critical test results for timely clinical decisions.
- To review safety protocols for high-alert medications in the
- To examine IPSG integration into clinical and surgical workflows.
- To evaluate infection control measures to prevent healthcare-associated infections.
- To recommend improvements to align practices with the IPSG frame work.

REVIEW OF LITERATURE

Using a tertiary care cardiac center as a case study, Ananya *et al.* (2019) sought to assess medical and paramedical staff members' understanding of and obedience with the International Patient Safety Goals (IPSG). Healthcare professionals directly involved in patient care were included in the cross-sectional design using stratified sampling. Physicians, nurses, paramedical personnel, physiotherapists, lab technicians, radiologists, and dieticians, were the participants' categories. 18–20% of the staff in each subgroup was chosen at random for the study. A questionnaire with 20 questions covering all six IPSGs, and structured observational checklists were used in the data gathering process. The study comprised of 306 participants in total and continued from May 3 to June 15, 2017. The findings designated that doctors had the highest IPSG compliance rate (72%), followed by nurses (69%), and paramedical workers (68%). Lack of information, heavy workload, and inadequate training were the main causes of non-compliance. Frequent training sessions, nurses, physicians, and paramedical staff continued to face difficulties.

According to Chacko (2021, quality assurance (QA) in medical education is a major challenge for India, which has 619 medical schools and is still expanding. Stakeholders in the nation and the international community share concerns about this matter. Comprehensive QA systems in different nations have been investigated through an analysis of important literature on procedures used by accrediting bodies around the world. It is clear from analyzing educational systems using a "Systems Approach" (inputs–process outcomes) and learning from the UK's quality improvement framework that India has mostly concentrated on "Inputs-based Minimum Requirements Standards." However, India's accreditation system frequently lacks essential components of processes that 16 impact educational results as well as quality control (QC) methods including tracking students' progress toward obtaining graduate outcome competencies and their preparedness for the workforce. Strong QC procedures within institutions and the implementation of strong QA systems at the national level are the two strategies suggested to close these gaps and allay stakeholder concerns. This can raise educational levels and guarantee patient safety. The National Assessment and Accreditation Council Standards for Higher Educational Institutions and the World Federation for Medical Education Standards are cited as models of successful quality improvement systems. The National Accreditation Agency and Indian medical schools can use these models as a guide to create and execute better QA procedures. In order to increase trust and guarantee the prompt implementation of these reforms, it is also advised that an accreditation agency apply for worldwide recognition.

Landefeld *el at.,* (2015): This study aimed to discover the perceptions of healthcare providers regarding barriers to improve patient safety

in Kerala, India. Five focus group discussions were conducted with 16 doctors and 20 nurses from three healthcare institutions, representing primary, secondary, and tertiary care centers in the state. The discussions were transcribed and analyzed using thematic analysis to identify key barriers. A total of 129 unique mentions of barriers to patient safety were recorded, which were grouped into five major themes. The most frequently cited barrier was limited resources, followed by challenges related to health systems, medical culture, provider training, and patient education or awareness. The findings suggest that while resource limitations remain a significant obstacle to enhancing patient safety in India, other barriers, such as health system issues, training gaps, and education, could potentially be addressed with fewer resources. Efforts to improve patient safety in low and middle income countries, including India, have often focused on implementing best practice processes. However, this study highlights the importance of multifaceted interventions that also tackle structural issues such as resource constraints, systemic inefficiencies, and cultural barriers within the medical community.

Kalsoom *et al.,* (2023). This study highlights the critical importance of nurse competencies in improving patient safety and care quality, addressing a gap in empirical evidence linking these competencies to international patient safety goals. Using a correlational research design, 182 nurses from JCIA-accredited and non-JCIA-accredited hospitals were recruited through stratified random sampling. Data were collected using the Competency Inventory for Registered Nurses and the International Patient Safety Goals, with ethical approvals in place. The results revealed that enhanced nurse competencies significantly contributed to better patient safety, as shown by regression analysis ($R2 = 0.238$). Moderate positive associations were observed between patient safety and various competencies, including critical thinking and research aptitude, teaching and coaching, professional development, legal and ethical practices, interpersonal relationships, leadership, and clinical care. Among these, clinical care showed the strongest correlation ($r = 0.541$, $p < 0.001$).

Additionally, nurses' experience and professional education definitely influenced both their competencies and patient safety outcomes. The findings underline the necessity for hospital management to prioritize the development of nurses' competencies through mandatory training programs and professional development initiatives. By addressing personal and professional attributes, healthcare organizations can ensure safer practices and improved outcomes, reinforcing the vital role of nurse competencies in maintaining Patient safety.

Challenges for Joint Commission International accreditation: performance of orthopedic surgeons based on International Patient Safety Goals.

Kobayashi *et al.,* (2021): This study emphases on the actions of orthopedic surgeons at our university hospital in preparation for Joint Commission International (JCI) accreditation, with an emphasis on patient safety in compliance with the International Patient Safety Goals (IPSGs). The hospital treats approximately 26,000 inpatients and 600,000 outpatients annually. Key practices to ensure patient safety include accurate patient identification, preoperative timeout, correct surgery site marking, timely approval of CT/MRI reports, pain management, infection prevention, quality indicator setting, and daily monitoring. A team of JCI examiners reviewed medical records, conducted interviews with patients, nurses, and doctors, and assessed 1270 evaluation items across 16 areas, including IPSGs, patient care, infection control, and governance. hospital's successful JCI accreditation as the first national university hospital in Japan highlights the collective efforts of the medical staff to enhance patient safety and care quality. These actions demonstrate our commitment to continuous improvement in medical practices.

According to Abduh Saaid *et al.,* (2020), the aim of head nurses is to ensure patient safety, a critical aspect of quality healthcare. This study aimed to evaluate the impact of a training program on International Patient Safety Goals (IPSGs) on patient safety culture at Rajhy Liver Hospital, Assiut University. A quasi-experimental design was employed, involving 29 head nurses from various healthcare units. Data was collected using three tools: a personal data questionnaire, a head nurses' management regarding patient safety questionnaire, and a hospital survey on patient safety culture. Results showed a highly significant difference and a strong positive correlation between

head nurses' management of IPSGs using the PDCA model and improvements in patient safety culture. The study concluded that the training program was successful in enhancing head nurses' management in applying IPSGs. It is recommended that continuous training on IPSGs be implemented for all head and staff nurses in the study setting and extended to similar settings to further improve patient safety.

Patient safety research: an overview of the global evidence.

Jha *et al.,* (2010): Unsafe medical care is a significant global issue that contributes to morbidity and mortality, although the exact magnitude of the problem remains unclear. To better understand the scope and nature of unsafe care, the WHO World Alliance for Patient Safety commissioned a review of the global literature on patient safety. Their view identified key patient safety topics, categorizing them into the structure, process, and outcomes of unsafe care. Experts evaluated current evidence and highlighted major knowledge gaps, particularly in developing, transitional, and developed nations. The findings revealed that 3% to 16% of hospitalized patients in developed countries experience harm due to unsafe care, and similar evidence from transitional and developing nations also suggests substantial harm. However, there are significant gaps in understanding the structural and process factors that contribute to unsafe care, making it challenging to develop effective solutions, especially in resource-limited settings. The evidence largely originates from developed nations, underscoring the need to expand research to better address patient safety in other regions and ensure the delivery of safe and effective healthcare globally.

Is it enough to set national patient safety goals? An empirical evaluation in Taiwan.

Wung *et al.,* (2011): Taiwan's Department of Health established national patient safety goals, but no comprehensive evaluation had been conducted. This study aimed to create a method for assessing these goals. A cross-sectional survey was conducted, followed by an onsite audit to ensure the accuracy of the responses. The survey covered 361 hospitals, and 80 were randomly selected for the audit. Results showed that longer implementation periods were associated with higher achievement scores. Large hospitals generally scored higher, especially on newer goals. There was a minor discrepancy between self-reported scores and those obtained during onsite audits, but the differences were minimal. The study concluded that combining a self-report questionnaire with an onsite audit offers a promising approach for evaluating patient safety goals. It is recommended that the Department of Health conduct this evaluation annually to assess progress and develop appropriate strategies for improving patient safety across hospitals in Taiwan.

Assessment of the Dimensional Application of International Safety Goals for Childrenin Hospitals.

El-Rafy *et al.,* (2017): The nursing staff plays a crucial role in understanding and applying the six International Patient Safety Goals (IPSGs) to minimize hazards and errors in pediatric care. This study aimed to assess how nursing staff apply these goals in hospitalized children. A descriptive design was used, and the study was conducted in pediatric outpatient clinics at Ain Shams University Hospital and Health Insurance Hospital in Nasr City. The sample consisted of 100 nurses from these settings, regardless of experience, education, position, or age. Data was collected using a structured interview sheet designed by the researcher, based on a literature review, to assess knowledge and practices related to IPSGs for children. Results indicated a significant difference between the nurses' years of experience and their knowledge and practices concerning child patient safety. The study concluded that more than half of the nurses had poor knowledge and unsatisfactory practices regarding the application of international safety goals for children. A positive correlation was found between years of experience and the level of knowledge and practice. The study recommends establishing a system to apply these safety goals effectively in hospitals and emphasizing their importance in nursing practice.

Problem Statement

This study investigates the extent to which the Hospital adheres to the International Patient Safety Goals (IPSG).Given the high-risk nature of these services, characterized by frequent use of high-alert medications, invasive procedures, and a vulnerable patient population. The study aims to identify gaps in current patient safety practices. Barriers,

such as insufficient training, high workload, and resource limitations, may hinder full IPSG adherence, affecting patient outcomes and operational safety.

RESEARCH METHODOLOGY

Study Design	Cross Sectional Study
Place of Study	Tertiary Hospital in Delhi
Sampling Technique	Convenient Sampling
Sample Size	110
Study duration	Two months
Inclusion Criteria	IPD Patients and given their consent
Exclusion Criteria	Patients who were not admitted

Data collection tools:

The IPSG structured checklist was carefully crafted to gather insights from the Participants in IPD.

Data collection method:

Primary data:

The observation was conducted using IPSG structured checklist. After gathering the data, it was placed into an excel spreadsheet. The results of the analysis of this data were then displayed as a bar graph.

Objective 1: To look into patient identification procedures in order to make sure those patients are properly identified and paired with the right treatment regimens.

Identify Patients Correctly					
	Sample Size (SS)	Eligible Size (ES)	Non Compliance	Compliance (C)	C%= (C/ES) *100
Patient is identified with two identifiers (NAME, UHID)	110	110	3	107	97.27%
Correct patient identification before Medication	110	81	3	77	95.06%
Correct patient identification before blood transfusion	110	8	0	8	100%
Patient identification band applied on every admitted patient	110	93	1	92	98.92%
Overall Average of IPSG 1	110	73.75	7	71	96.27%

The data provided in Table 01 focuses on the compliance with the first International Patient Safety Goal (IPSG 1), which emphasizes correctly identifying patients. This is critical for ensuring the safety of patients undergoing procedures.

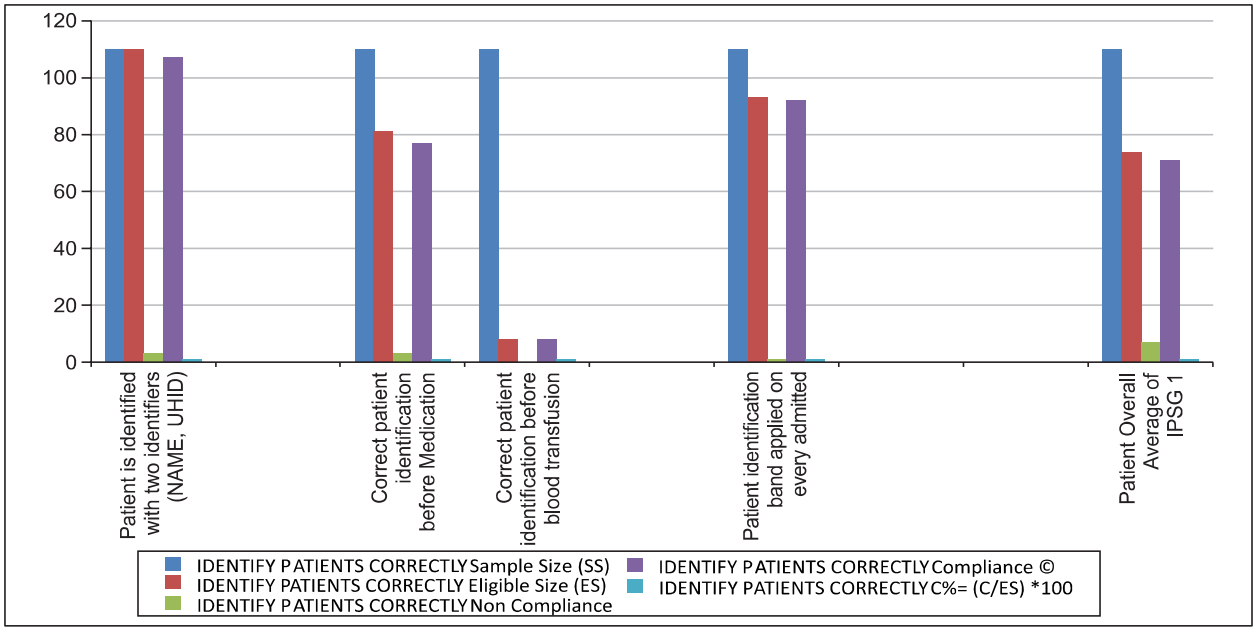

Figure 1:

Objective 2:

To assess how well clinical personnel communicate important test results.

Table 2:

Improve Effective Communication					
	Sample Size (SS)	Eligible Size (ES)	Non Compliance	Compliance (C)	C%= (C/ES) *100
Awareness about verbal/telephonic communication of order & test results	110	61	40	24	39.34%
Proper Patient handover between shifts- RMO	110	77	1	76	98.70%
Proper Patient handover between shifts- Nursing	110	77	2	75	97.40%
Handover documentation effectiveness- Nursing	110	77	6	71	92.20%
Document handover effectiveness- RMO	110	78	6	72	92.30%
Date, Time & signature with ID on every note in the progress sheet by doctor	110	75	43	32	42.66%
Overall average of IPSG 2	110	74.16	98	58.33	78.65%

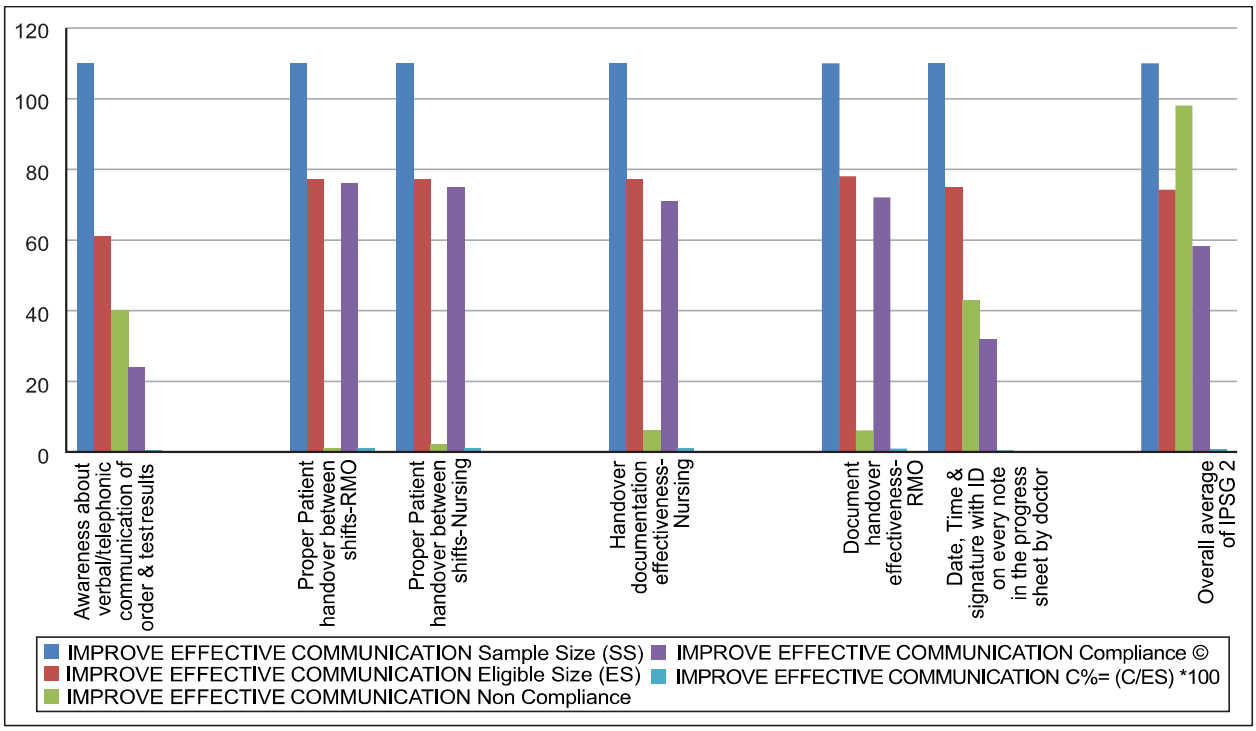

Figure 2:

Objective 3

To evaluate the safety precautions for high-alert drugs, such as antibiotics, anticoagulants, and immune suppressants

Improve the Safety of High-Alert Medications					
	Sample Size (SS)	Eligible Size (ES)	Non Compliance	Compliance (C)	C%= (C/ES) *100
High alert medication are labelled with High alert identification	110	50	12	33	66%
Prepared Drugs are labelled	110	83	1	82	98.75%
IV fluid infused at proper & defined rate	110	56	3	53	94.64%
Overall averageof IPSG 3	110	63	5.33	56	88.88%

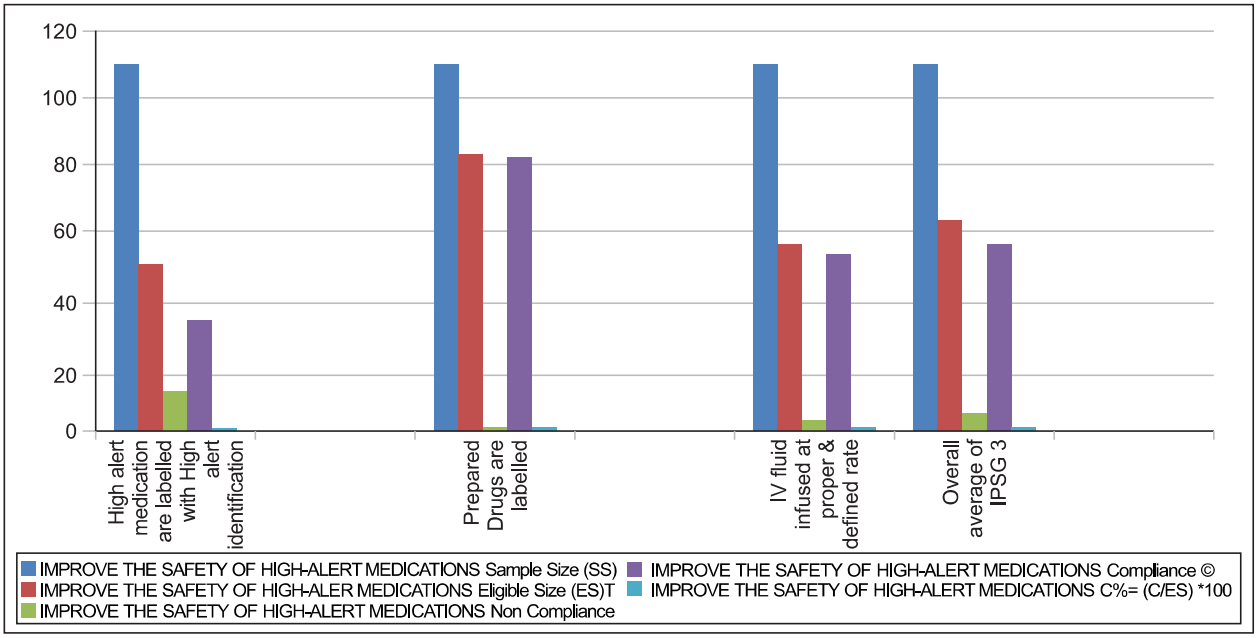

Figure 3:

Objective 4

To examine the ways in which Hospital incorporates the IPSG into routine clinical operations and safety treatments.

Ensure Safe Surgery					
	Sample Size (SS)	**Eligible Size (ES)**	**Non Compliance**	**Compliance (C)**	**C%= (C/ES) *100**
Surgical safety check list used for the surgery	110	17	2	15	88.23%
Check the procedure site written on the Consent	110	17	2	15	88.23%
Sign in, Time out, Sign out procedures followed	110	17	2	15	88.23%
Overall average of IPSG 4	110	17	2	15	88.23%

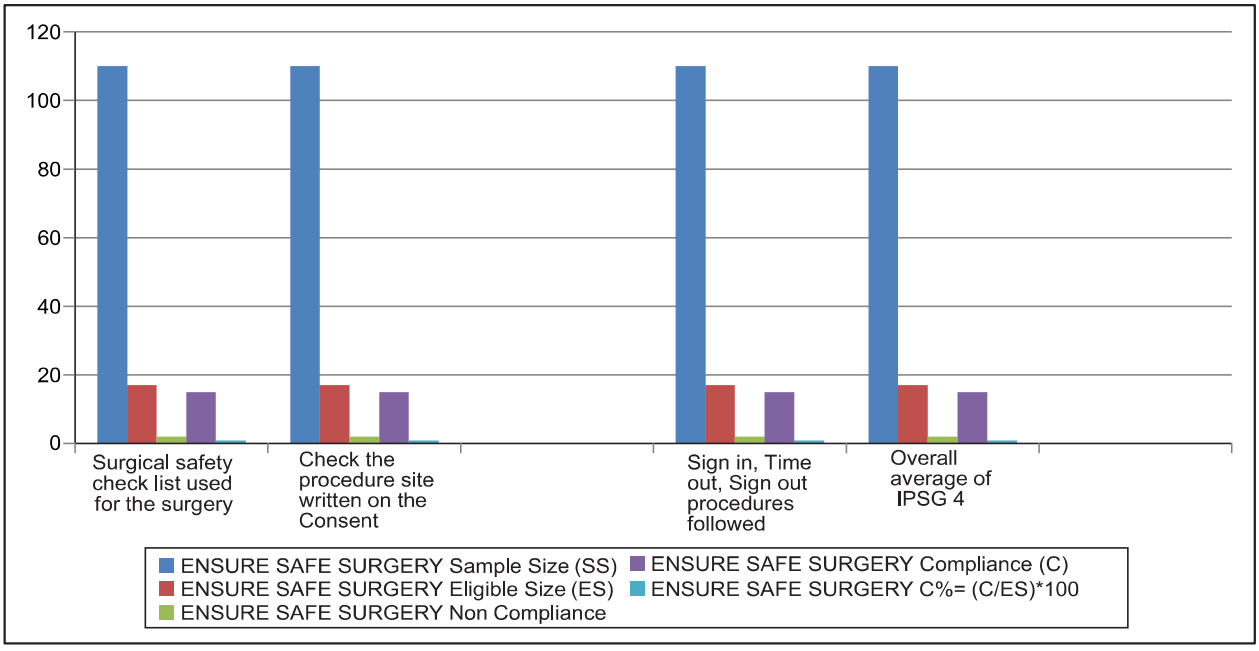

Figure 4:

Objective 5:

To prevent catheter-related infections, post-surgical infections, and other infections linked to healthcare all of which are especially important for patients with chronic kidney disease or those undergoing invasive procedures it is important to examine infection control policies.

Table 5:

Reduce the Risk of Health Care-associated Infections					
	Sample Size (SS)	Eligible Size (ES)	Non Compliance	Compliance (C)	C%= (C/ES) *100
Check CAUTI monitoring form	110	18	2	16	88.88%
Check CLABSI Monitoring form	110	3	0	3	100%
Check VAP monitoring form	110	5	0	5	100.00%
Check SSI monitoring form	110	9	3	6	66.66%
Overall average of IPSG 5	110	8.75	2.50	7.50	85.71%

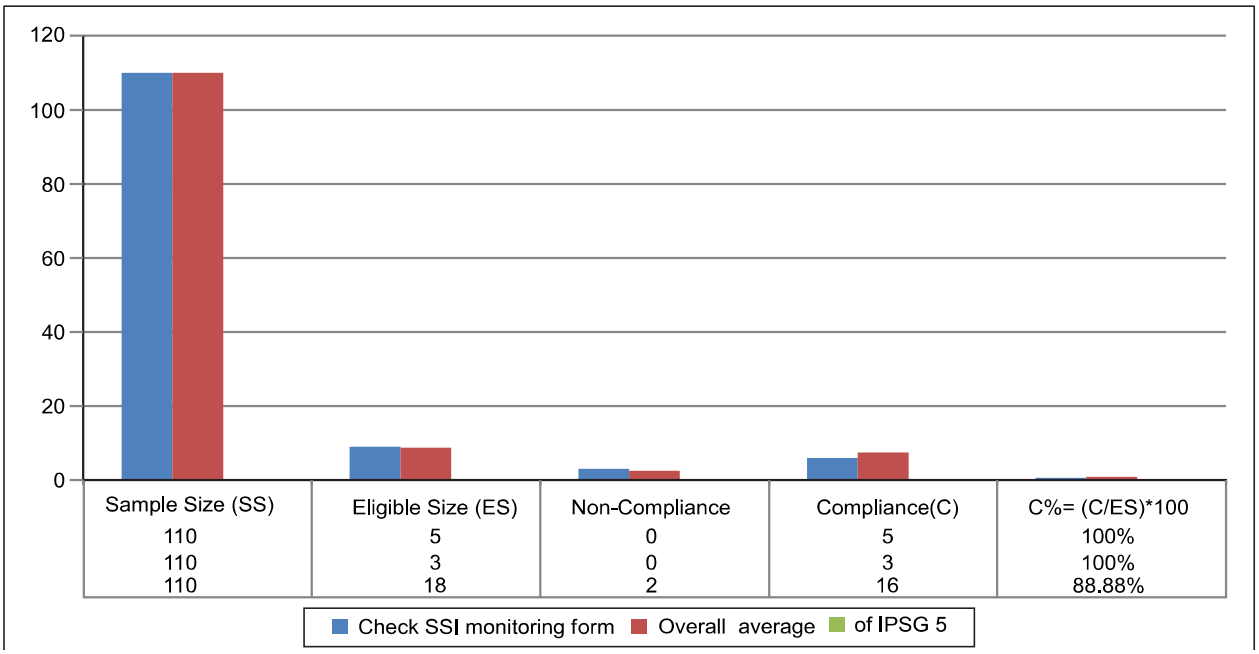

Figure 5:

Objective 6

To offer suggestions for increasing patient safety at Epitome by bringing their procedures closer to the IPSG framework, which will enhance operational safety and patient outcomes.

Table 6:

Reduce the Risk of Patient Harm Resulting from Falls					
	Sample Size (SS)	Eligible Size (ES)	Non Compliance	Compliance (C)	C%= (C/ES)* 100
Fall prevention checklist used in shifts	110	65	5	60	92.30%
All safety measures taken to prevent patient fall	110	107	7	100	93.45%
Make sure the call bell is within Patient reach	110	76	3	73	96.05%
Ensure bed side rails are raised	110	108	8	100	92.59%
Ensure correct Patient ID band is placed	110	110	0	110	100%
Ensure toilet floor is dry	110	100	5	95	95.00%
Inform the colleague when leaving the patient	110	89	6	83	93.25%
Attendant Education form filled for score >24	110	70	4	66	94.28%
Overall average of IPSG 6	110	90.62	4.75	85.87	94.75%

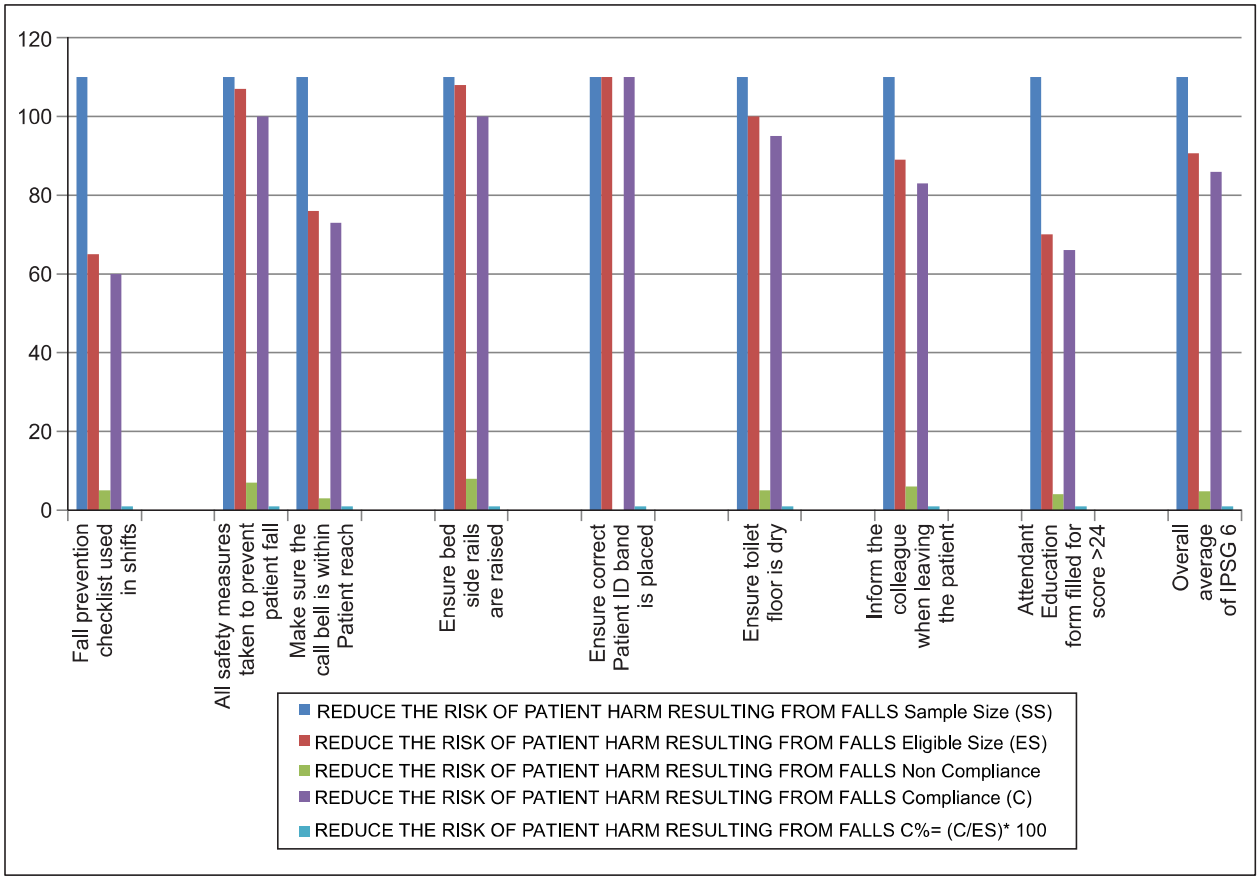

Figure 6:

DISCUSSION AND CONCLUSION

The overall compliance rate of 96.27% suggests that the hospital has robust patient identification processes in place, particularly for critical actions such as blood transfusions (100% compliance) and identification band application (98.92% compliance). To assess how well clinical personnel communicate important test results, especially those related admitted patients. With a 98.75% compliance rate, prepared drug labelling is managed effectively, minimizing the risk of administering incorrect medications or doses. IV Fluid Infusion Rates: The high compliance rate of 94.64% in administering IV fluids at the correct rate further demonstrates the hospital's commitment to safe medication practices. systematic approach to surgical safety. Each indicator has the same compliance rate (88.23%), suggesting that the hospital has a structured process in place for checklist use, consent verification, and "Sign in, Time out, Sign out" procedures. The hospital has achieved 100% compliance in monitoring for CLABSI and VAP. These are key accomplishments, as central line and ventilator-associated infections are serious threats to patient safety, particularly for patients with kidney issues who may have compromised immune systems. High Compliance with Multiple Safety Measures: Compliance rates above 90% for most measures, especially for key practices like raising bedside rails, dry toilet floors, and ensuring call bells are within reach, demonstrate Epitome's commitment to preventing falls. Perfect Compliance in Patient ID Banding: The 100% compliance rate in applying correct patient ID bands underscores attention to patient identification, a crucial element for patient safety.

Recommendations

Enhanced Monitoring: Implementing real-time monitoring or a checklist review system during the procedure can ensure that all safety steps are followed without exception. This can include designating all team members responsible for verifying compliance.

Staff Training: For the betterment, training sessions to be done to understand the importance of compliance with IPSG protocols that may help to increase awareness

and accountability. Small improvements in checklist adherence and specific safety measures can further reduce fall risks, ensuring a safer environment for all patients, particularly those with limited mobility or at higher risk of falls.

Environmental and Workflow Audits: Routine audits of high-risk areas (e.g., bathrooms, patient bedsides) can identify any overlooked risks, such as wet floors or incorrectly positioned rails.

Increased Staff Awareness on Informing Colleagues: Reinforcing the importance of notifying colleagues when leaving a patient, especially those with high fall risks, can minimize unattended fall incidents.

REFERENCES

1. Ananya, R., Kamath, S., Pati, A., Sharma, A., Raj, A., Soman, B., & Kamath, R. (2019). A study on adherence to international patient safety goals in a tertiary care cardiac centre in India. Medico-Legal Update, 19(2), 211-215.
2. Abduh Saaid, B., Abdullah, S. M., & Abo Elmagd, N. S. (2020). Effect of ApplyingA training Program about International Patient Safety Goals on Patient's Safety Culture. Assiut Scientific Nursing Journal, 8(22), 133-144.
3. Chacko, T. V. (2021). Quality assurance of medical education in India: the concerns, available guiding frameworks, and the way forward to improve quality and patient safety. Archives of Medicine and Health Sciences, 9(2), 320-327.
4. Landefeld, J., Sivaraman, R., & Arora, N. K. (2015). Barriers to improving patient safety in India: focus groups with providers in the southern state of kerala. Indian Journal of Community Medicine, 40(2), 116-120.
5. Kalsoom, Z., Victor, G., Virtanen, H., & Sultana, N. (2023). What really matters for patient safety: Correlation of nurse competence with international patient safety goals. Journal of Patient Safety and Risk Management, 28(3), 108-115.
6. Gamal Attia, A., Saeed Ahmed, E., & Moustafa Safan, S. (2021). Nurses' Application of International Patient Safety Goals at Accredited and Non-accredited Hospitals. Journal of Nursing Science Benha University, 2(2), 129-142.
7. Kobayashi, K., Ando, K., Nakashima, H., Machino, M., Kanbara, S., Ito, S., ... & Imagama, S. (2021). Challenges for Joint Commission International accreditation: performance of orthopedic surgeons based on International Patient Safety Goals. Nagoya journal of medical science, 83(1), 87.
8. Jha, A. K., Prasopa-Plaizier, N., Larizgoitia, I., & Bates, D. W. (2010). Patient safety research: an overview of the global evidence. BMJ Quality & Safety, 19(1), 42-47.
9. Wung, C. H. Y., Yu, T. H., Shih, C. L., Lin, C. C., Liao, H. H., & Chung, K. P. (2011). Is it enough to set national patient safety goals? An empirical evaluation in Taiwan. International Journal for Quality in Health Care, 23(4), 420-428.
10. El-Rafy, S., & R Tantawi, H. (2017). Assessment of the Dimensional Application of International Safety Goals for Children in Hospitals. Egyptian Journal of Health Care, 8(2), 329-350.