



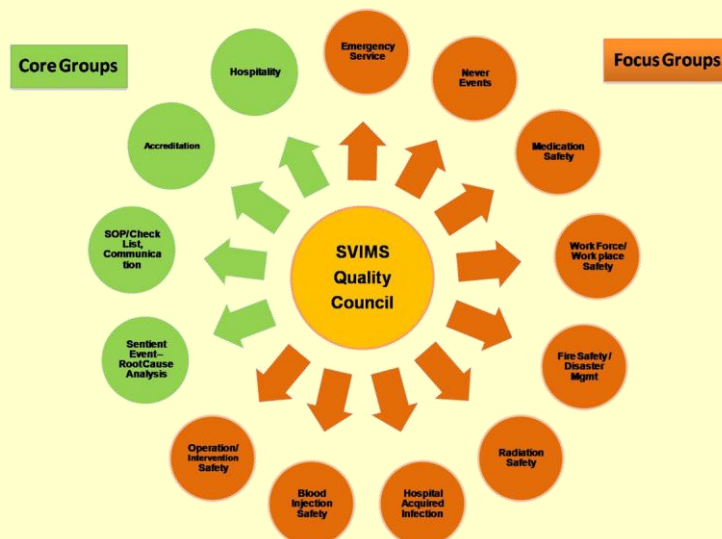
# Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati

## Quality & Patient Safety

It is envisaged to transform SVIMS into a “High Reliability Organization” and an “Accountable Health System”. Towards that path of transformation & global repute, the new Director / Vice Chancellor Dr. T.S.Ravikumar, on behalf of the institute, has laid out a road-map of value based health care. A major step towards this value proposition is emphasis on quality and patient safety as drivers of health system performance. To drive the performance, a programme of **SVIMS Quality Council (SQC)** is commissioned by the Director for iterative self improvement. Cataloguing, reporting, analyzing and learning from errors has become the lynchpin for quality improvement in health care.

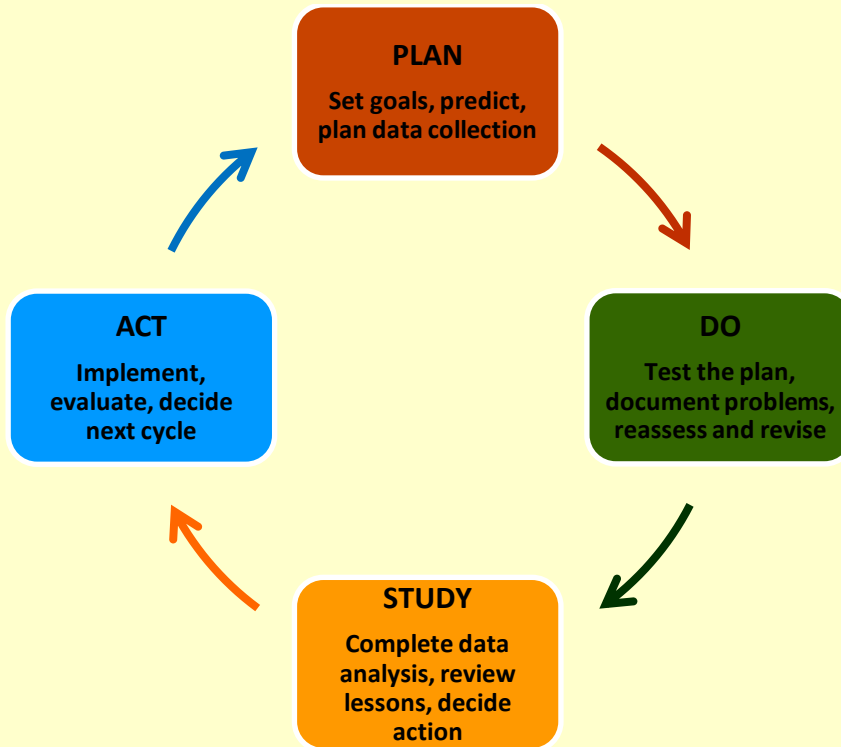
The **SQC** planning process resulted in the formation of nine focus groups and four core groups of workforce consisting of Doctors, Nurses, Administrators, Allied health staff and various other types of employees representing all segments of health system. The focus groups were formed to address: Emergency services, Never events, Medication safety, workforce/workplace safety, fire safety / disaster management, Radiation safety, Hospital Acquired Infections, Blood / injection safety and operating room / interventional areas safety. The four core groups will find sustainable solutions through – Root cause analysis of sentinel events, check lists / communications, accreditations and hospitality services.

### Domains of SVIMS Quality Council

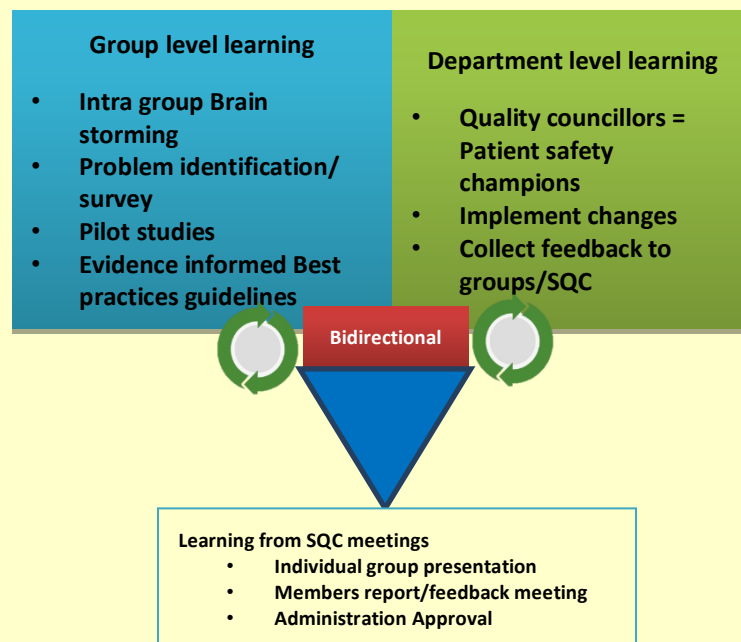


The groups work, on monthly deliverables and share barriers / successes, so as to find culturally competent and substantively sound sustainable solutions. The ultimate goal is to deliver “**Right Care, to the Right Patient by the Right Teams in the Right Place at the Right Time.... Every Time**”.

### PDSA Cycle for Quality Improvement



At SVIMS, a modified PDSA (Plan, Do, Study, Act) cycle is implemented and followed, during & between monthly SQC meetings. This is termed ‘Rapid Cycle Bidirectional Learning’ as shown below:

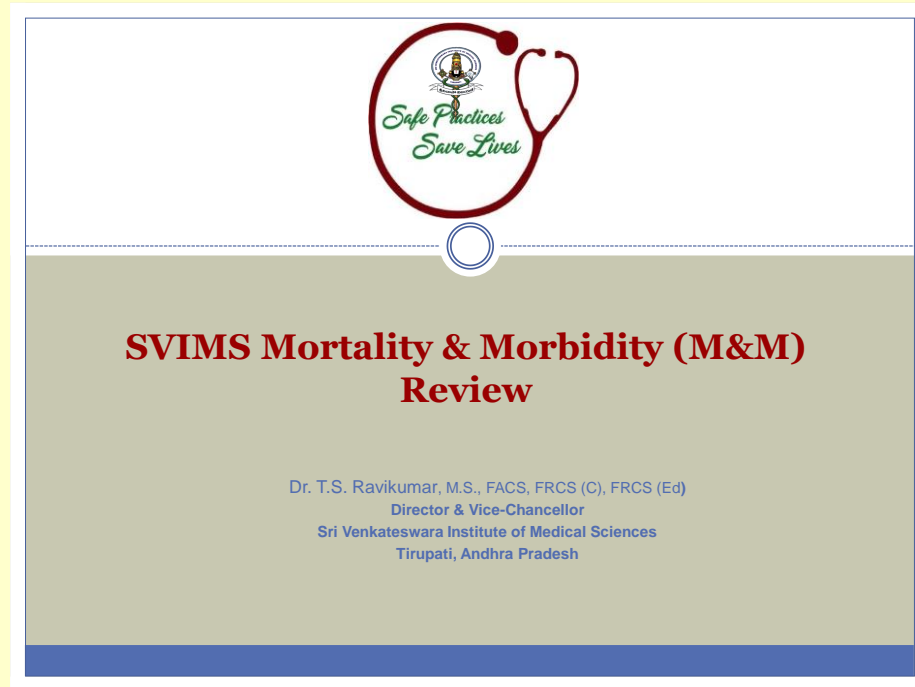


This is conceived as a two month cycle of Intra-group learning, Department level learning & monthly SQC meetings.

## Tools of Trade

In order to empower ever healthcare worker and to measure performance against the set goals, SVIMS has developed several Tools of the Trade and analytics. One major tool & process is “Structured Mortality & Morbidity (M&M) Review”.

### a) Structured M&M format

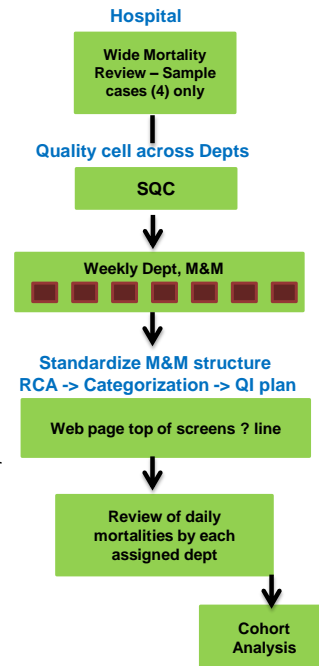


## Structure for M&M

RCA	Categorization		QI Plan
<p>The Ishikawa chart (fishbone diagram) illustrates the causes of a patient's death. The main arrow points to "DEATH". Above the arrow, under "PATIENT FACTORS", are "Ca Tumor Stage IVA Post RT" and "Poor performance status ECOG 3". Below the arrow, under "SYSTEM / HUMAN FACTORS", are "Diverse Anemia/Circulatory failure", "Hypoglycemia", and "Sleep apnea".</p>	Preventive harm	Yes	with GANTT Chart
	Patient disease	yes	
	System issue	no	
	Human factor	no	
	Knowledge deficit	None	
	Cognitive dissonance	None	
	Delay in diagnosis	yes	
	Delay in treatment	No	
	Delay in escalation of treatment	Yes	
	Error in technique	No	
	Error in treatment	No	
	Communication gap	No	
	Policy issue	None	
	People issue	None	
	Team issue	None	

## SVIMS Mortality & Morbidity (M&M) Review “Safe Practices Save Lives”

- **Until 2015**
  - monthly/ Bimonthly hospital wide mortality meetings
    - 4 cases presented (2 medical/ 2 surgical)
- **December 2015**
  - SVIMS Quality Council (SQC) formed. RCA, patient safety education & categorization of root causes started in practice.
  - Order for weekly department-wide M&M; promulgated:
- **April 2016**
  - Structure for M&M defined: RCA → categorization of contributing factors → QI plan
- **July 2016:**
  - Voluntary public reporting of quality/patient safety metrics in website
- **June 2017:**
  - Daily mortality review with assignments to responsible departments for immediate review & remedial actions.
- **January 2018:**
  - Monthly analysis of death cohorts: Pranadana cases; NTRVSS cases for further “systems redesign” & “Human factor engineering”.



### Development of Tools & Analytics

Tools of Trade	Analytics (Pre and Post intervention)
➤ Check lists, SOPs	➤ Hospital patient safety survey
➤ Rounding tool	➤ Staff competence, knowledge and satisfaction questionnaires
➤ Structured hand offs	➤ Mutual performance assessment
➤ Structured communication tools	➤ Measurable patient related outcomes
➤ Real case studies/ Scenarios	➤ Patient and care taker’s feedback forms
➤ Simulation models	
➤ Root cause analysis models	

**b) Root Cause Analysis : Principles and striving for best practices at SVIMS.**

**i) SVIMS Policy**

[http://svimstpt.ap.nic.in/quality\\_files/sep2018/RCA.pdf](http://svimstpt.ap.nic.in/quality_files/sep2018/RCA.pdf)

**ii) Tools & Techniques:** FIFTH EDITION, Joint Commission Resources, Joint Commission International <https://www.jcrinc.com/assets/1/14/EBRCA15Sample.pdf>

- c) In addition to outlining its unique Quality & Patient Safety initiative through 'SQC', SVIMS took a major step on June 12<sup>th</sup> 2016, coinciding with the visit of Hon'ble Health Minister, Dr. Kamineni Srinivas garu, in declaring its accountability & transparency in quality improvement and patient-centered care by announcing voluntary public reporting in four domains on 7/12/16 to start with, and reporting of many other areas to follow sequentially.

The four areas were:

- 1. Code Blue**
- 2. NeverEvents**
- 3. Healthcare AssociatedInfections**
- 4. Biomedical Equipment List and PerformanceReport**

On 14.08.2017 in keeping with 71<sup>st</sup> independence day initiatives and coinciding again with Hon'ble Health Minister, Dr. Kamineni Srinivas garu's visit to SVIMS, an additional domain unveiled: Total Hospital Mortality trended over time.

**5. Mortality Rate: a) Net Death Rate (NDR) b) Gross Death Rate(GDR)**

Each of these can be accessed in this quality portal by [clicking here](#).