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Safety measures followed in hospitals

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Abstract: This study is especially executed to coordinate, spread and accelerate improvements in patient safety within the hospitals. Patient safety discipline is the coordination of actions to avoid harm to patients caused by the healthcare tactic itself. Hospitals were founded to permit care to people who need it and to remain patients safe in their moral duty. The best goal of this text is to reduce the prospect of associated infections. Improve the protection of using the medications. Kinds of safety measures found through this study are environmental safety, medical safety, hygiene, bio medical waste management, sanitation infection control. Because of unsafe medical procedures, numerous patients pandemic suffer annually from disorder, accidents and death. This contributed to the greater understanding of the value of the wellbeing of patients. Patient protection in medical assistance has not been studied to the same extent as there has been more research on new therapies in hospital settings. Attaining a culture of safety requires cherishing the values, attitudes, beliefs and standards that are important to health care organizations and what attitudes and behaviors are relevant and expected for patient safety. Innovation in hospitals is essential to improve the safety practices.

Keywords: Protection for patients, hygiene, bio medical waste, sanitation, innovation.

INTRODUCTION

Healthcare facilities are now aware of the value of promoting safety standards and also of hospital practices' saliency analysis in order to maximize efficiency. Patient Safety said that the merchandise of individual and community beliefs, behaviours, roles, competencies, and behavioural habits reflect their dedication, style, and competence with the organization. A hospital's safety culture provides an indirect way for its intervention in efficiency. For patients, insufficient participation of execs in safety has negative effects. Safety culture is multidimensional and usually involves examination of leadership styles, communication and cooperation between workers and front-line practitioners, evidence-based medicine practice, adequacy of the use of. Usually, these are tested by cross-sectional research. For this amalgamation, only unfriendly occasions in emergency clinics are recalled, as emergency clinics have a strong centralization of patient wounds associated with imaginably risky clinical processes and high speed of drug organization. Uncommon consideration focuses on centered consideration and crisis divisions, which are highly error-prone situations. Studies show that much of the unfriendly occasions in crisis offices can be avoided. It is imagined that congestion and a lack of clinical staff underlie the traded off nature of care in Canadian crisis offices. The World Health Organization (WHO) notes that patient protection is "preventing health-related patients from errors and adverse effects" and "doing no harm to patients." Globally, there are many people who suffer annually from disabilities, accidents or death because of Health procedures that are dangerous. This has contributed to greater understanding the value of patient protection. Patient protection in medical aid has not been addressed to equivalent degree as inside the environment of a hospital but more recently there has been more research developed in support for medical treatment. Achieving a safety culture includes knowledge of values, behaviours, reliance and expectations which are important for health care organizations. It is human instinct to make mistakes and it can't be broken. Nonetheless, what can be modified are the circumstances in which people work. The writing on the effects and expense of antagonistic occasions is easily surveyed by this mixture, and then focuses on procedures organized to increase patient safety. Our research idea is based on the rich knowledge acquired by our peer teams across the university.(A.C.Gomathi, S.R.Xavier Rajarathinam, A.Mohammed Sadiqc, Rajeshkumar, 2020; Danda et al., 2009; Danda and Ravi, 2011; Dua et al., 2019; Ezhilarasan et al., 2019; Krishnan and Chary, 2015; Manivannan, I., Ranganathan, S., Gopalakannan, S. et al., 2018; Narayanan et al., 2012, 2009; Neelakantan et al., 2013, 2011; Neelakantan and Sharma, 2015; Panchal et al., 2019; Prasanna et al., 2011; Priya S et al., 2009; Rajeshkumar et al., 2019; Ramadurai et al., 2019; Ramakrishnan et al., 2019; Ramesh et al., 2016; Venugopalan et al., 2014)

REVIEW OF LITERATURE

(Ortiz de Elguea et al. 2019) have studied the changing and verifying the Patient Safety Culture. The estimated study by the author is important for the design of activities to promote and enhance protection. It must include the perception in their patient safety education of all the agents involved, including potential nurses.

(Antino et al. 2020) has studied Hospital surveys on the culture of wellbeing in Mexican hospitals: evaluation of psychometric properties. In Mexican samples of hospitals, this analysis examines psychometric characteristics of the Hospital Patient Safety Culture Survey (HSPSC). 788 clinical workers from 6 hospitals collected the data.

(Alshammari et al. 2019) this research explores healthcare professionals' views of the atmosphere of patient safety in hospitals. This report, which utilizes a detailed random samples proposal to check healthcare professionals' knowledge of the culture of safety of the patient, was accompanied at four vital hospitals in the location of Saudi Arabia.

(Önler and Akyolcu 2019)This research was conducted to gauge the safety attitudes of surgery room workers depending on personal and professional features and their Inter-professional ties that may influence safety attitudes.

(Cheng et al. 2019) a big concern in healthcare is patient safety. Our aims were to judge the degree of the culture of patient security because of a shortfall of awareness of the society of protection among dental professionals. Several elements related with positive attitudes towards patient welfare were established on report. The data can be applied in the future to enhance patient welfare.

(van Melle et al. 2018) this research describes the blossoming and affirmation from the point of view of a medic and surgeon. which tests the transitional patient welfare climate. The atmosphere of patient shielding represents the understanding of the corporate culture of patient welfare by professionals.

(Leonard and O'Donovan 2018) The goal of the hospital contemplates on Patient welfare customs was to dispense hospital contemplates to irradiation departments around the world to direct the current status of welfare customs, find field for upgrade and field that shine, analyze elements that cause welfare customs, and raise consciousness of employees. Findings showed that healthcare workers were positive in radiation therapy departments.

(Ramos and Calidgid 2018) this research identifies the importance of Cooperation inside an organisation to find out the culture of patient welfare. To establish the culture of patient protection among nurses in the hospital. The area that needed reform to improve the patient welfare culture of the organization was no punitive response to error.

(Phipps et al. 2018) This research shows that healthcare by dedicating countless resources to improving patient welfare, organizations have rejoined, but medical delusion and bio-medical waste have plagued the health welfare system in the midst of these efforts.

(Edrees et al. 2017) This study suggests that second victims do not receive the requisite emotional support, identified as health service contributors who are psychologically mortified after a patient inauspicious affair.. While most health welfare facilities have an employee assistance program, due to confidentiality issues, second fatality may be hesitant to use this service.

(Tanenbaum et al. 2017) this research says that the frequency of patient welfare indicators is used by the Centers for Medical insurance & health plan Programs to assess the importance of healthcare and hospital reimbursement.

(Mannion et al. 2017) this research demonstrates that manifest weaknesses in the standard and welfare of healthcare in many nations have centered curiosity on the position of hospital directorate.

RESEARCH METHODOLOGY

The aim of this current literature is to study safety measures followed in hospitals. This is done by employing a questionnaire which contains various views with respect to safety measures followed in hospitals. The Frequency analysis pie chart consists of five variables associated with the demographic profile of respondents such as gender, age, educational qualification and annual income level and occupation in using public. The data reactions were gathered from people in general.

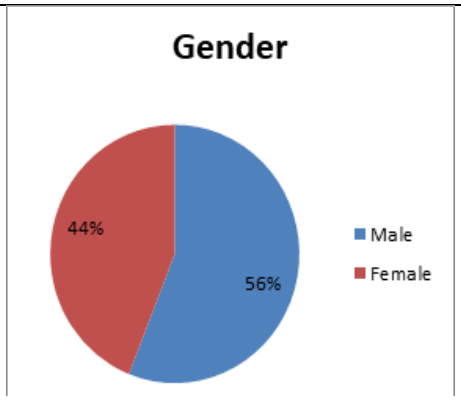

Fig.1:The above mentioned pie chart depicts the percentage of gender in the sample. 44% of the samples were Male and 56% were Female.

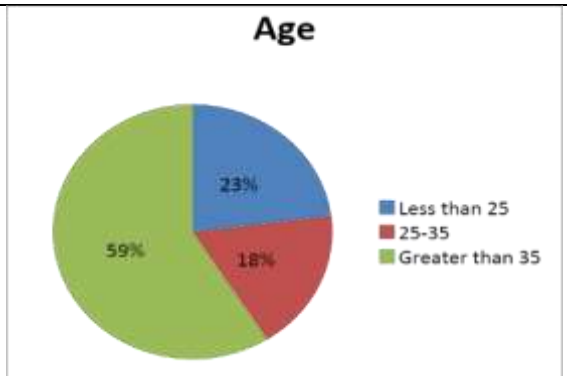

Fig.2: The above mentioned pie chart describes the age of the respondents. 23% of respondents were of age less than 25 years, 18% of respondents were of age 25 – 35 and 59% were of age greater than 35.

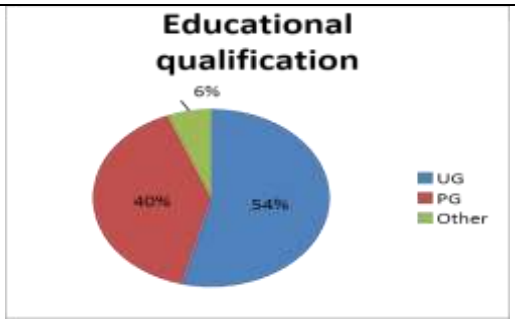

Fig.3: The above mentioned chart depicts the Education background of sample respondents. 40% of respondents were Post graduates. 54% of respondents have completed undergraduate courses whereas only 6 % have completed other qualifications.

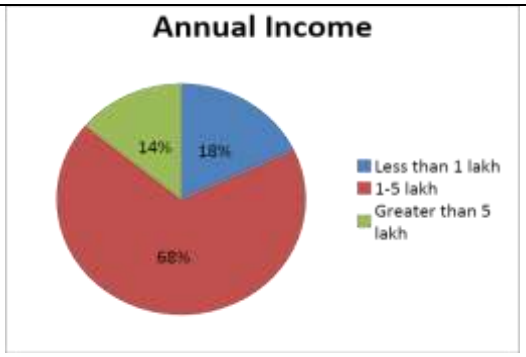

Fig.4: The above mentioned pie chart describes the annual income of sample respondents 18% of respondents were earning less than Rs. 1 lakh. 68% of respondents were earning Rs. 1 – 5 lakhs whereas only 14 % were earning above 5 lakhs.

Table 1: Analysis of mean to examine safety measure

S. No	Safety measures followed in Agarwal hospital	Mean	Rank
1	they follow proper hand hygiene(hand hygiene)	2.76	9
2	Waiting room floors are kept clean and maintained properly(maintenance)	2.87	6
3	Staff attending patients always wear gloves and face mask(staff)	2.61	10
4	The equipment's are washed and cleaned at the end of every session(cleanliness)	2.84	7
5	The hospital follow bio-medical waste management such as proper disposal of face mask, gloves etc(bio-medical waste)	2.93	4
6	Management of hospitals creates a working environment that fosters patient safety(work climate)	3.01	2
7	The hospital also give importance to patients negative feedback(negative feedback)	3.29	1
8	social distancing among patients is strictly followed(social distance)	2.94	3
9	Proper security measures like CCTV, electronic control doorways, etc are available(security measures)	2.90	5
10	Doctor explain the treatment very clearly(treatment)	2.82	8

It is observed from the table 1 that the variables are categorised into two components and they are named hygiene and service. The hygiene component comprises maintenance, work climate, security measures, social distance, hand hygiene, cleanliness and staff. The service component comprises treatment, negative feedback, and bio-medical waste.

Table 2: ANOVA Analysis

S. No	VARIABLE	F	SIG
1	Age group VS hygiene	0.364	0.696
2	Age group VS Services	0.842	0.675
3	Annual income VS hygiene	0.169	0.845
4	Annual income VS services	0.335	0.800
5	Qualification VS hygiene	0.364	0.696
6	Qualification VS services	0.358	0.783

Table 2 shows F and Significance values. It is clear from the table that significant value is >0.05%. Hence, take up the null hypothesis. i.e there is no similarity in services and hygiene when compared to demographic profile.

Table 3: KMO and Bartlett's test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.877
Bartlett's Test of Sphericity	**Approx. Chi-Square**	468.652
	Df	36
	Sig	.000

The table 3 demonstrates KMO and Significance value. If the KMO value is >0.6 and significant level is at 1%, It shows the data provided is satisfactory for factor analysis to be carried out. Here KMO value is 0.877 and therefore, provided data is satisfactory for conducting factor analysis.

Table 4: total variance explained

Component	Initial Eigen values			Rotated Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.599	35.987	35.987	3.599	35.986	35.986
2	1.694	16.943	52.929	1.694	16.943	52.929
3	.821	8.208	61.138			
4	.766	7.662	68.800			
5	.674	6.740	75.540			
6	.647	6.470	82.010			
7	.570	5.698	87.708			
8	.445	4.448	92.156			
9	.413	4.127	96.283			
10	.372	3.717	100.000			

It is evident from the table 4 that with the help of factor analysis ten variables have been grouped into two factors and all together they explain 52.92 % of variance.

Table 5: Rotated component matrix

S. No	SAFETY MEASURES FOLLOWED IN AGARWAL EYE HOSPITAL	COMPONENTS	
		1	2
1	Waiting room floors are kept clean and maintained properly (maintenance)	0.761	-
2	Management of hospitals creates a working environment that fosters patient safety(work climate)	0.748	-
3	Proper security measures like CCTV, electronic control doorways, etc are available (security measures)	0.733	-
4	Social distancing among patients are followed strictly in hospital (social distance)	0.729	-
5	They follow proper hand hygiene (hand hygiene)	0.701	-
6	The equipment's are washed and cleaned at the end of every session (cleanliness)	0.686	-
7	Staffs attending patients always wear gloves and face mask (staffs)	0.643	-
8	Doctor explain the treatment very clearly (treatments)	-	0.758
9	The hospital also give importance to the patients negative feedback (negative feedback)	-	0.749
10	The hospital follow bio-medical waste management such as proper disposal of face mask, gloves etc(bio-medical waste)	-	0.517

It is observed from table 5 that the variables are categorised into two components and they are named hygiene and service. The hygiene component comprises maintenance, work climate, security measures, social distance, hand hygiene, cleanliness and staff. The service component comprises treatment, negative feedback, and bio-medical waste.

CONCLUSION

Most of the patients in Dr. AGARWAL EYE HOSPITAL are satisfied with their treatments, and the safety measures followed in the hospital etc. Patients are satisfied with the security measures provided to them in the hospital. This systematic analysis shows that the most significant first step is examination of hospital welfare culture, which will furnish a basic understanding of health care providers welfare-related attitudes. Efforts to upgrade the welfare and grade of care for ophthalmic sick people are critical and require professional leadership and commitment. Patient protection is avoidance of curable trauma to a patient during the health welfare process.

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