

### JSS Academy of Higher Education & Research, Mysuru

(Deemed to be University – Accredited 'A+' Grade by NAAC)

# **JSS College of Pharmacy, Ooty**

(An ISO 9001:2015 Certified Institution)

# **Department of Pharmacy Practice**

#### A Brief Report on Alumni Interaction Series – Lecture 5

(Bridging the gap - Connecting to the World)

Name of the presenter: Date: 23.10.2021

Dr S Balaji

Junior Data Analyst *Title of the presentation:* 

Cognizant Tech Solutions Pvt Ltd Patient Safety Data Assessment: How important it is?

Coimbatore

**Program Organized by:** 

Dept. of Pharmacy Practice & Pharmacy Education Unit

JSS College of Pharmacy, Ooty

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As a part of the Alumni interactions 2021, fifth in the series was held on 23.10.2021 by one of the proud Alumnus of Department of Pharmacy Practice, Dr S Balaji, Junior Data Analyst, Cognizant Tech Solutions Pvt Ltd, Coimbatore.

Mr T Sathish, had completed his Doctor of Pharmacy (Pharm D) from Dept. of Pharmacy Practice, JSS College of Pharmacy, Ooty in the academic year 2018-19 and had experience in patient data management for the last 3 years. He started his presentation with the mention that, the quantum of experience he gained at public hospital at Ooty gave the strength and courage to take up the challenging patient data management job as his career.

Dr Balaji started his presentation with the definition of the term patient safety. A definition for patient safety has emerged from the health care quality movement that is equally abstract, with various approaches to the more concrete essential components. Patient safety was defined by the Institute of Medicine (IOM) as "the prevention of harm to patients." Emphasis is placed on the system of care delivery that

- (1) prevents errors:
- (2) learns from the errors that do occur; and
- (3) is built on a culture of safety that involves health care professionals, organizations, and patients.

The AHRQ Patient Safety Network Web site expands upon the definition of prevention of harm: freedom from accidental or preventable injuries produced by medical care.

Patient safety practices have been defined as "those that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions. This definition is concrete but quite incomplete, because so many practices have not been well studied with respect to their effectiveness in preventing or ameliorating harm.

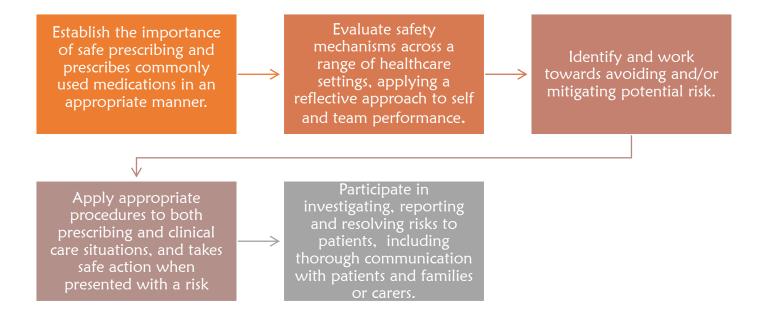
Practices considered to have sufficient evidence to include in the category of patient safety practices are as follows:

- Appropriate use of prophylaxis to prevent venous thromboembolism in patients at risk
- Use of perioperative beta-blockers in appropriate patients to prevent perioperative morbidity and mortality
- Use of maximum sterile barriers while placing central intravenous catheters to prevent infections
- Appropriate use of antibiotic prophylaxis in surgical patients to prevent postoperative infections
- Asking that patients recall and restate what they have been told during the informed-consent process to verify their understanding
- Continuous aspiration of subglottic secretions to prevent ventilator-associated pneumonia
- Use of pressure-relieving bedding materials to prevent pressure ulcers
- Use of real-time ultrasound guidance during central line insertion to prevent complications
- Patient self-management for warfarin to achieve appropriate outpatient anticoagulation and prevent complications

- Appropriate provision of nutrition, with a particular emphasis on early enteral nutrition in critically ill and surgical patients, to prevent complications
- Use of antibiotic-impregnated central venous catheters to prevent catheter-related infections

Many patient safety practices, such as use of simulators, bar coding, computerized physician order entry, and crew resource management, have been considered as possible strategies to avoid patient safety errors and improve health care processes; research has been exploring these areas, but their remains innumerable opportunities for further research.

Learning Outcomes of the Patient Safety:



Further, in his presentation, he also narrated about the medication errors, identifying and reporting errors with suitable examples.

After the presentation, question and answer session was organized. Further, he added his experience of establishing his team in patient safety data management, he shared.

Dr. S. Ponnusankar thanked the speaker for spending his valuable time with our staff and students.

#### S Ponnusankar

