

IMA NHB ZONAL MEET 2022

NABH ACCREDITATION

need of hours

ERODE – 20.02.2022



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GURU HOSPITAL, MADURAI,**
- **ADJUNCT PROFESSOR
THE TN DR M.G.R MEDICAL UNIVERSITY, CHENNAI,**
- **SECRETARY,
ASSOCIATION OF SURGEON OF INDIA, TAMILNADU CHAPTER**
- **PAST STATE. SECRETARY,
NURSING HOME BOARD – IMA, TAMILNADU**



Fact
should know **FIRST**



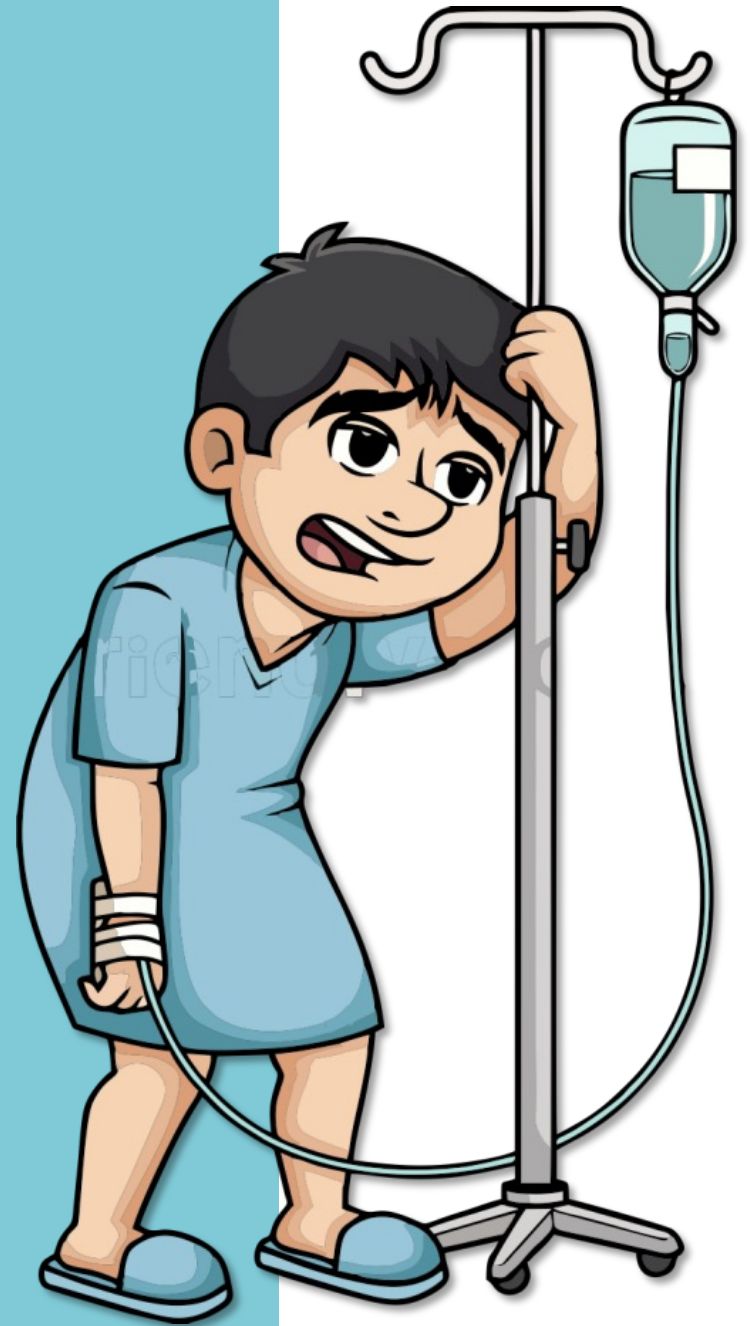
I am a hospital owner

My skill & professional knowledge
is excellent ,

Quality & nursing care in my
hospital is it up to standard ?

QUALITY CARE

Need to be
improved



FIGHT FOR QUALITY CARE



HOW CAN REACH THE **QUALITY CARE** ?



CHANGING THE **SYSTEMS BY MANAGEMENT**



CHANGING THE **SYSTEM** ?

CHALLENGES TO US:



- 1 **Busy in professional practice & lack of time**
- 2 **Lack of mindset & interest**
- 3 **Lack of relevant supportive staffs**

WHAT NEEDED -PUSH



1

In general human mind will not start up work
Unless push from behind

2

If you work for NABH
accreditation automatically you
will get quality care & patient
safety

NABH ACCREDITATION PROCESS - **PUSH**



**I HAD A
COMPULSION TO
DO IT.**

HOSPITAL SURVIVAL in future

- Insurance Company will play major Part in Health Care Industry
- Empanelment with Insurance Companies by Hospital is Mandatory for survival



WHAT IRDA SAYS

To All Insurance Companies and Third Party Administrators

Ref. No:IRDAI/HLT/GDL/CIR/114/07/2018

Date:27-07-2018

Modified Guidelines on Standards and Benchmarks for hospitals in the provider network

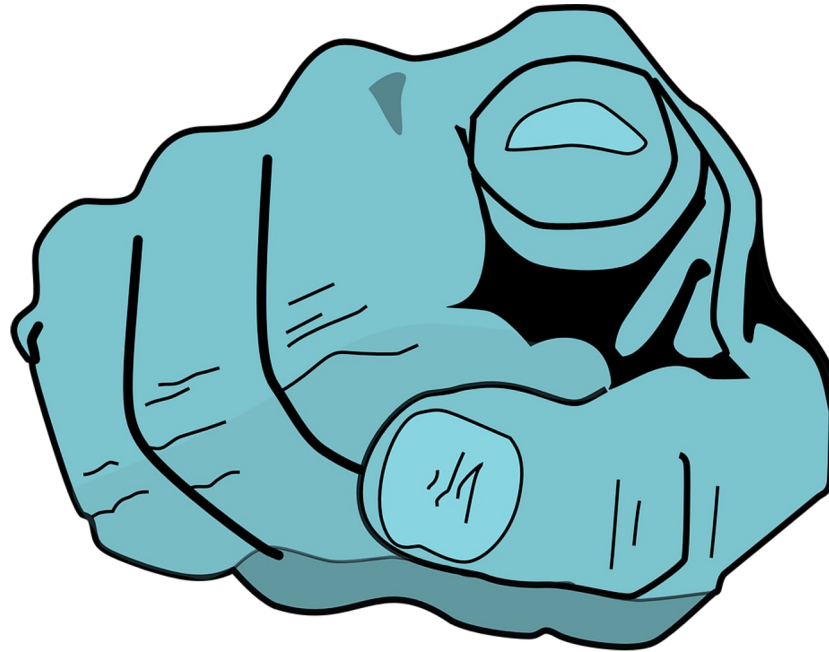
On examining the extent of compliance to the standards and benchmarks specified, in supercession of Clause (a) and Clause (b) of Chapter IV of Guidelines on Standardization in Health Insurance issued vide Circular Ref: IRDA/HLT/REG/CIR/146/07/2016 dated 29th July, 2016, the following modified Clause (a) and Clause (b) are issued.

- a) All the existing Network Providers shall, within twelve months from the date of notification of these modified guidelines, comply with the following:
 - i. Register with Registry of Hospitals in the Network of Insurers (ROHINI) maintained by Insurance Information Bureau (IIB). [<https://rohini.iib.gov.in/>].
 - ii. Obtain either Pre-entry level Certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).



**who will help me to get NABH
accreditation?**

NOBODY WILL HELP YOU,



It's your responsibility to make appropriate plan

BENEFITS OF NABH

BENEFITS OF ACCREDITATION



Patients

Accreditation results in **high quality of care and patient safety**.

The patients are serviced by credential medical staff.



Hospital

It enables Clinic to **demonstrate commitment to quality care and provides opportunity to healthcare** unit to benchmark with the best.



Clinic Staff

It improves overall **professional development of Clinicians and Para Medical Staff** and provides leadership for quality improvement.



Regulatory Bodies

Accreditation provides an objective system of empanelment by insurance

20% HIKE IN CGHS RATES



BENEFITS OF **ACCREDITATION**

**CGHS - ECHS -RAILWAY-ESI- PORT TRUST HOSPITALS ,
ONCG ETC..**



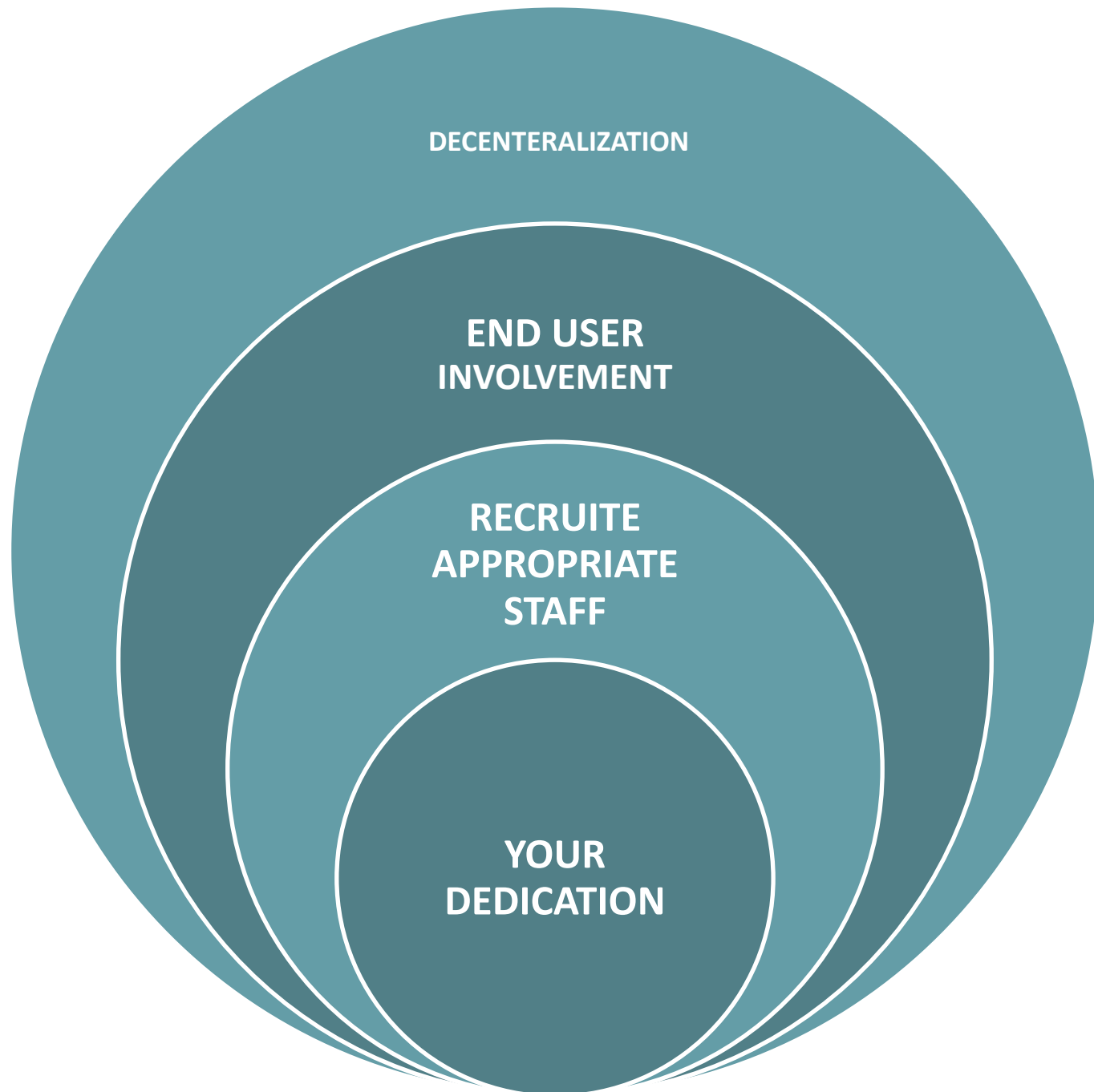
HOW TO GET ACCREDITATION

MIND OF THE **DOCTOR**

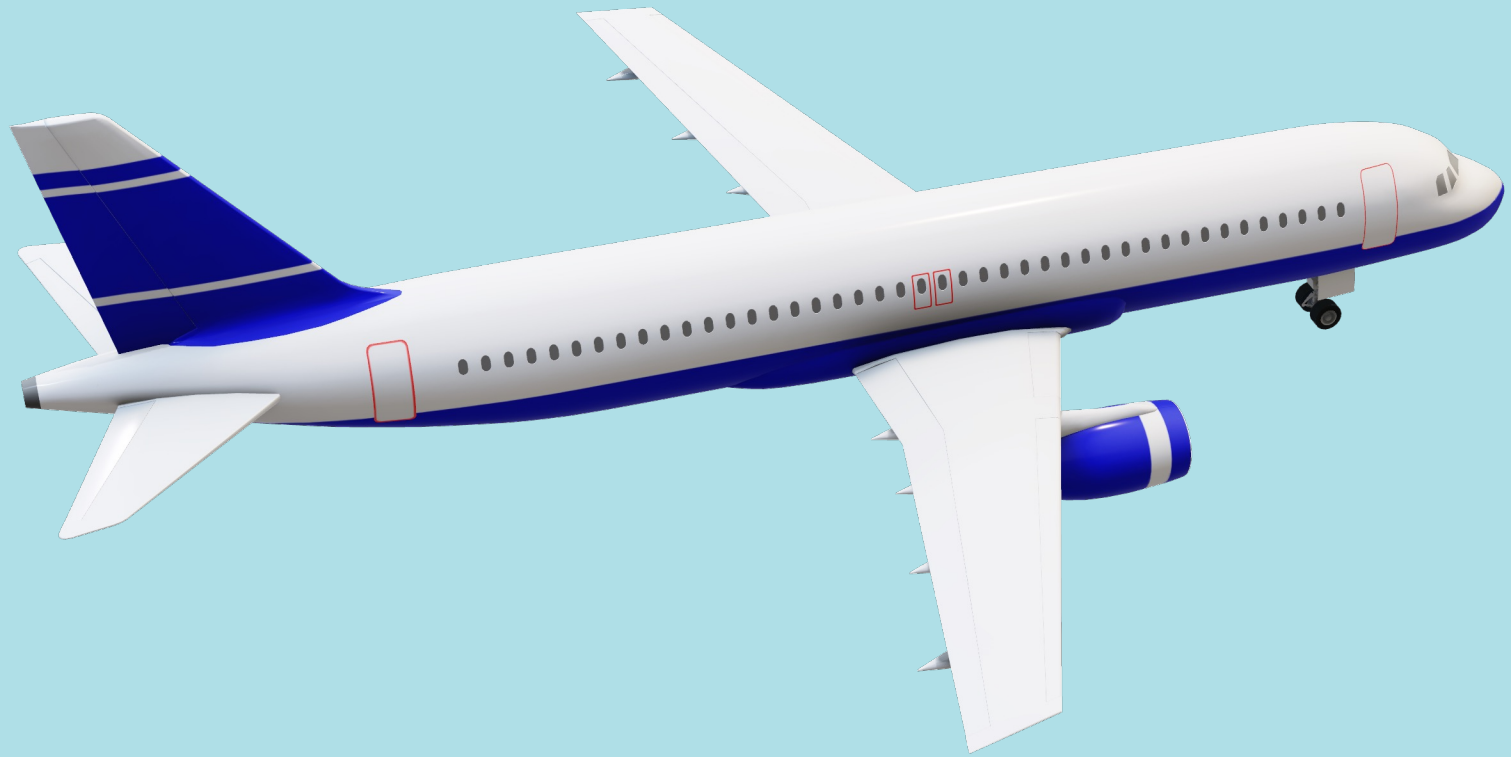




HOW TO PLAN?



TRAVEL A LONG WAY IN **QUALITY CULTURE**



HOW TO **PROCEED** ?

BY YOURSELF

- Long lasting.
- Cost effective.
- It is an internal growth.
- Staff's awareness will be there.



BY AGENCY

- Long lasting ?
- Costly.
- It is an external Support
- Minimal staff awareness.



EXPECTATION FROM NABH

APPROPRIATE **STANDARDS**

Hospital should have appropriate **standards**

That defines the structures and process that must be substantially in place in an organization

To enhance the quality of care.

APPROPRIATE **PROCESS**

Hospital should have appropriate **PROCESS**

- A set of interrelated or interacting activities which transforms inputs into outputs.

STANDARD + PROCESS = COMPLIANCE

- Patient requirements, care and safety,
- Interests and safety of the employees
- Statutory and regulatory requirements, all applicable laws.
- The Hospital's documented procedures and policies.

Standard Operating Procedure (SOP)



- Is a set of written instructions that document a routine activity followed by an organization.

NABH DOCUMENTATION

- Serves as a point of reference for everyone in the organization.
- The documented system and processes must be complied with consistently in the organization by everyone.
- A NABH documented policy, process and procedure become a single source of reference an organizational set-up.

CONTROLLED DOCUMENT- MANUALS

- Prepared by end user.
- Edited by Quality manager & NABH coordinator
- Approved by Committee and Head of the Institute.
- To be kept appropriate places for reference.
- To be updated periodically.



CONTROLLED DOCUMENT- MANUALS

Chapter



- ☐ AAC
- ☐ COP
- ☐ MOM
- ☐ PRE
- ☐ HIC
- ☐ PSQ
- ☐ ROM
- ☐ FMS
- ☐ HRM
- ☐ IMS

Hospital



- ☐ APEX
- ☐ QUALITY MANUAL
- ☐ SAFETY MANUAL
- ☐ INFECTION CONTROL
- ☐ INDUCTION MANUAL
- ☐ FACILITY MANUAL
- ☐ ABBRIVATION

Departmental



- ☐ BIOMEDICAL ENGINEERING
- ☐ LABORATORY
- ☐ RADIOLOGY
- ☐ PHARMACY
- ☐ NURSING
- ☐ OT
- ☐ CSSD
- ☐ DIALYSIS
- ☐ EMERGENCY
- ☐ HR
- ☐ ICU

Professional

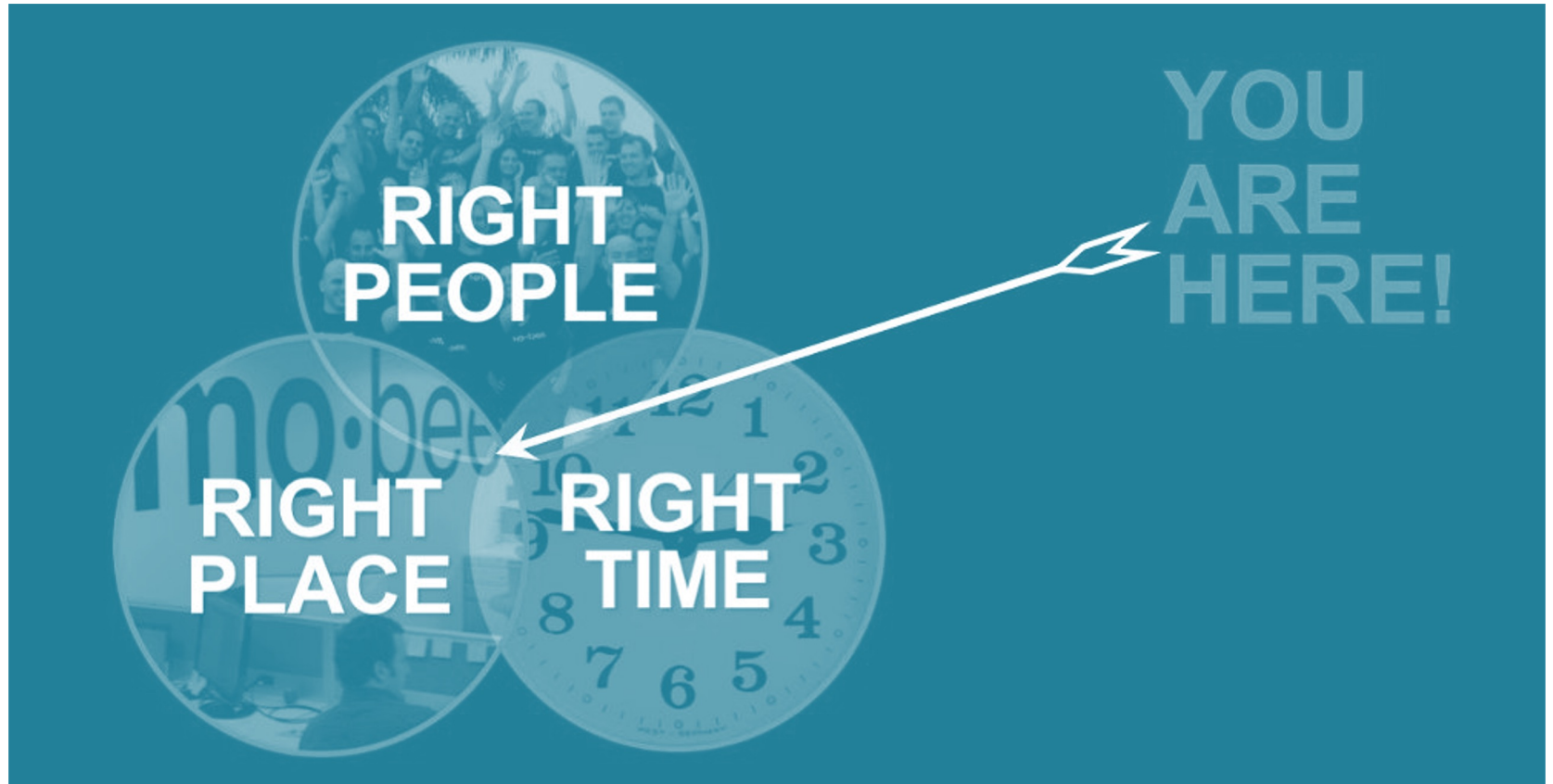


- ☐ ONCOLOGY
- ☐ GENERAL SURGERY
- ☐ IVF
- ☐ EMERGENCY MEDICINE



Manuals
List of Manuals

RIGHT PROCESS



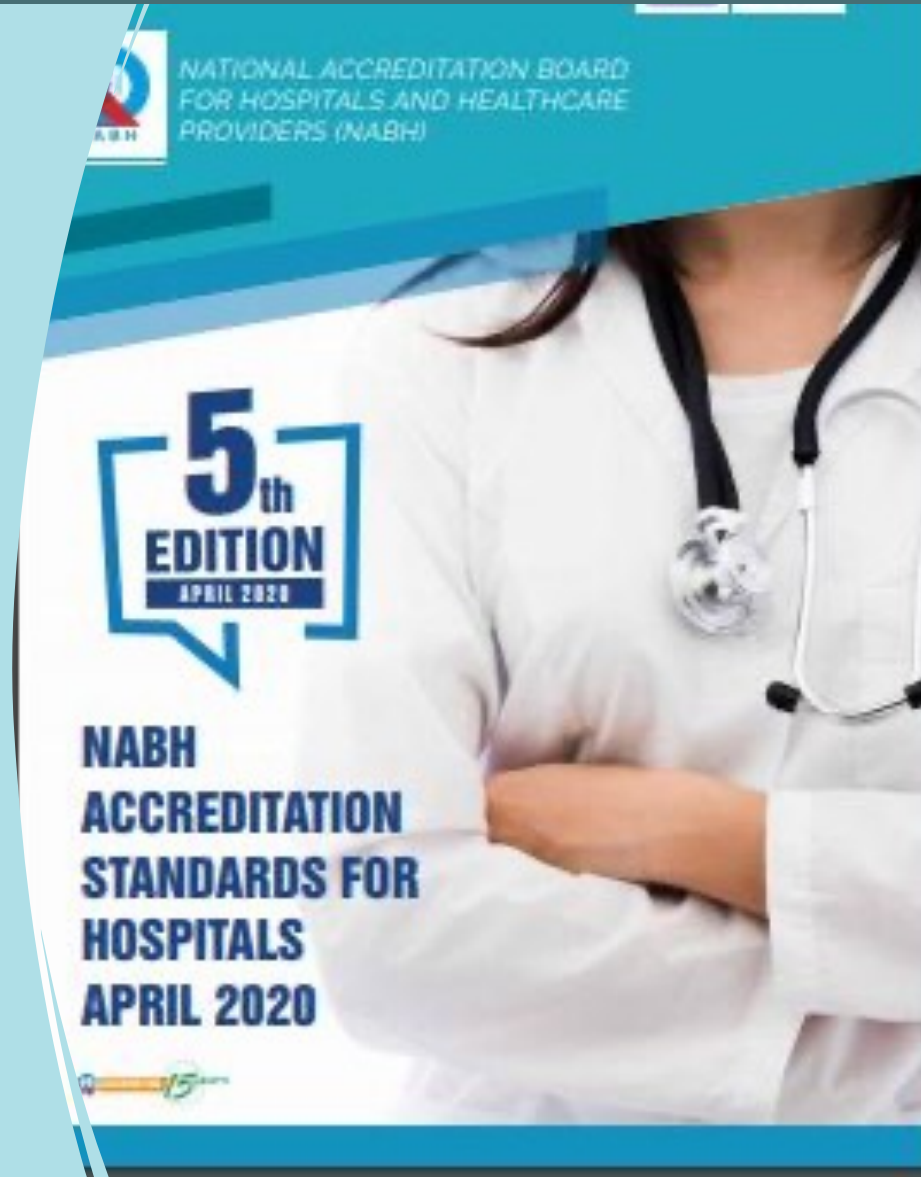


STANDARD & ELEMENTS

WHAT IS NABH 5TH EDITION

- Applicable clauses, standards and elements from the 5th edition NABH Accreditation standards.
- Chapters -10
- Standards -100
- Objective elements – 651

More emphasis on implementation



WHAT IS NABH – CHAPTER ?

PATIENT-CENTERED

Chapter	Description
Access, Assessment and Information (AAI)	Lays down key safety and process elements that the organization should meet, in the continuum of the patient care within the hospital and till the discharge.
Care of Patient (COP)	Patients in the Emergency Department are provided urgent care including ambulance services in consonance with their clinical requirements and in accordance to the statutes of the land.
Management of Medication (MOM)	The organization should have a mechanism to ensure that the emergency medications are standardized, readily available and replenished in a timely manner. The process also includes monitoring of patients after administration and procedures for reporting & analysing adverse drug events.
Patient Right and Education (PRE)	The HCO should define the patient and family rights and responsibilities. In addition, the staff should be trained to protect patients' rights and patients are informed of their rights and educated about their responsibilities at the time of admission.
Hospital Infection Control (HIC)	The standards guide the provision of an effective infection control programme in the organization. Their programme should be documented and aimed at reducing/eliminating infection risks to patients, visitors and providers of care while proactively monitoring its adherence.

WHAT IS NABH – CHAPTER ?

ORGANIZATION-CENTERED

Chapter	Description
Patient safety & Quality (CQI)	The standards introduce the subject of continual quality improvement and patient safety by documenting HCOs' quality and safety programme and involve all areas of the organization and staff members in it.
Responsibilities of Management (ROM)	The standards encourage the governance of the organization in a professional and ethical manner. The responsibilities of the management are defined.
Facility Management and Safety (FMS)	The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors. To ensure this, the organization conducts regular facility inspection rounds and takes appropriate action to ensure safety.
Human Resource Management (HRM)	The goal of Human Resource Management is to acquire, provide, retain and maintain competent people in right numbers to meet the needs of patients and community served by the organization.
Information Management System (IMS)	The chapter emphasizes the requirements of a medical record in the hospital as it is an important aspect of continuity of care and communication between the various care providers.

WHAT IS NABH – STANDARD ?

Summary of Standards

AAC.1.	The organisation defines and displays the healthcare services that it provides.
AAC.2.	The organisation has a well-defined registration and admission process.
AAC.3.	There is an appropriate mechanism for transfer (in and out) or referral of patients.
AAC.4.	Patients cared for by the organisation undergo an established initial assessment.
AAC.5.	Patients cared for by the organisation undergo a regular reassessment.
AAC.6.	Laboratory services are provided as per the scope of services of the organisation.
AAC.7.	There is an established laboratory quality assurance programme.
AAC.8.	There is an established laboratory safety programme.
AAC.9.	Imaging services are provided as per the scope of services of the organisation.
AAC.10.	There is an established quality assurance programme for imaging services.
AAC.11.	There is an established safety programme in imaging services.
AAC.12.	Patient care is continuous and multidisciplinary.
AAC.13.	The organisation has an established discharge process.
AAC.14.	The organisation defines the content of the discharge summary.

WHAT IS NABH – ELEMENT ?

AAC.4.

Patients cared for by the organisation undergo an established initial assessment.

Objective Elements

CORE

a. The initial assessment of the outpatients, day-care, in-patients and emergency patients is done. *

Commitment

b. The initial assessment is performed by qualified personnel. *

Commitment

c. The initial assessment is performed within a time frame based on the needs of the patient. *

Commitment

d. Initial assessment of day-care and in-patients includes nursing assessment, which is done at the time of admission and documented.

Achievement

e. The initial assessment for in-patients results in a documented care plan.

Achievement

f. The care plan is countersigned by the clinician-in-charge of the patient within 24 hours.

Excellence

g. The care plan includes the identification of special needs regarding care following discharge.

 **CORE**

 **Commitment**

 **Achievement**

 **Excellence**

ELEMENTS - INITIAL ASSESSMENT

- All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.

AAC 4.b – Should be done by qualified person.

AAC 4.c – Should be done by time frame.

DIFFERENT – ELEMENT ?



CORE



Commitment



Achievement



Excellence

CORE

- Basic element (Must follow without compromise)

COMMITMENT

- which will be assessed during final assessment.

ACHIVEMENT

- will be assessed during surveillance assessment

EXCELLENCE

- will be assessed during re-accreditation

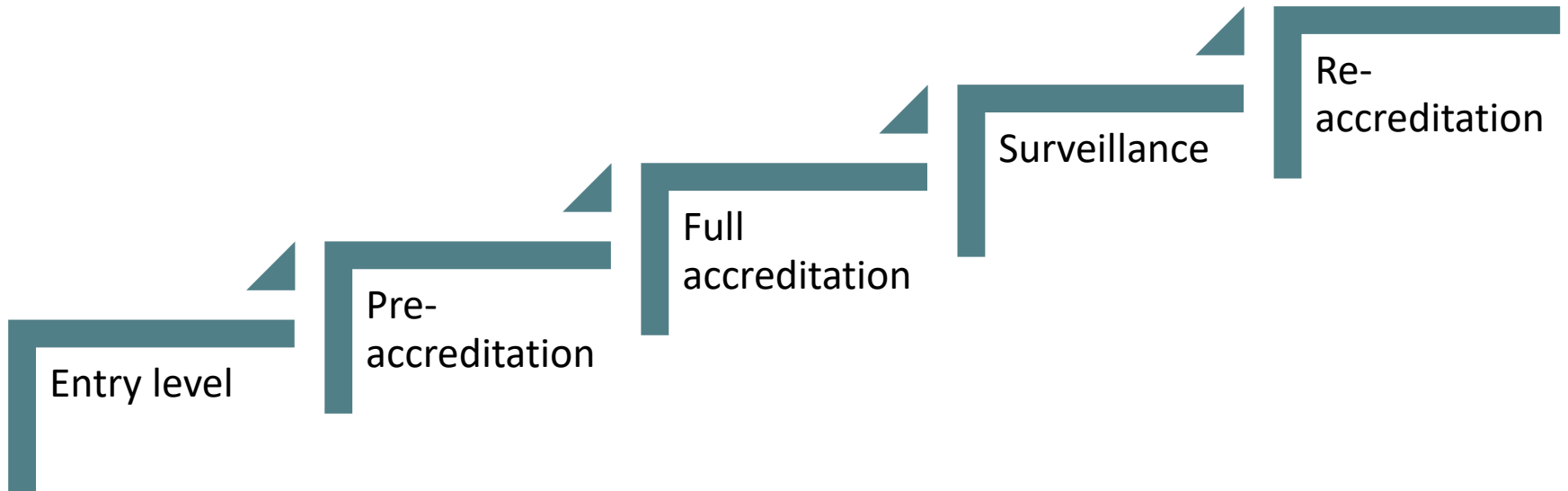


JOURNEY OF ACCREDITATION

ACCREDITATION

- Accreditation is external peer review process used by health care organizations
- To accurately assess their level of performance in relation to established standards and .

YOUR JOURNEY



NABH Accreditation



The validity period –4 years

Progressive Level Pre- Accreditation



Entry Level Pre- Accreditation



3 months to 12 months

6 months to 18 months.

NABH Accreditation (Entry Level)

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graph TD; A["NABH Accreditation  
(Entry Level)"] --> B["SHCO  
(Below 50 Beds)  
(Small Health Care  
Organizations)"]; A --> C["HCO  
(Above 50 Beds)  
(Health Care  
Organizations)"];
```

SHCO

(Below 50 Beds)

**(Small Health Care
Organizations)**

HCO

(Above 50 Beds)

**(Health Care
Organizations)**

HOW MANY **ELEMENTS** ?

	CLASIFICATIONS	
1	CORE	102
2	COMMITMENT	459
3	ACHIVEMENT	60
4	EXCELLENCE	30
	TOTAL	651

ENTRY LEVEL

NABH has partnered with IRDA to carry out entry level certification of hospitals which has been made mandatory for providing cashless insurance facility to the citizens at their premises.

	Entry Level	
	HCO	SHCO
Chapters	10	10
Standards	45	41
Objective Elements	167	149

FINAL LEVEL

The final assessment involves comprehensive review of hospital's functions and services,

which involves all the core and commitments.

Chapters	10
Standards	100
Objective Elements	561

SURVEILLANCE

The surveillance assessment will be done after 21 – 24 months of getting final accreditation. It includes another 60 achievement elements.

Chapters	10
Standards	100
Objective Elements	621

RE- ACCREDITATION

Re accreditation will be done every four years of final accreditation which comprises all excellence objective elements.

Chapters	10
Standards	100
Objective Elements	651



ASSESSMENT METHOD

ASSESSMENT PROCESS

The assessment team will review the HCO's departments

Verifies it's compliance with the NABH 5th edition standards.

Assessment team will carry out various assessment activities

- Document review
- Visit to patient care area
- Functional interview
- Facility tours
- Special interview
- Assessing the Mock Drill etc.

ASSESSMENT PROCESS

- Check whether the HCO has conducted a comprehensive internal audit
- The team will assess the extent of implementation of standards
- Non-compliances, if identified are reported in the assessment report.

KEY PERFORMANCE INDICATOR

WHAT IT IS?

- A quantifiable measure used to evaluate the success of an organization in meeting objectives for performance.

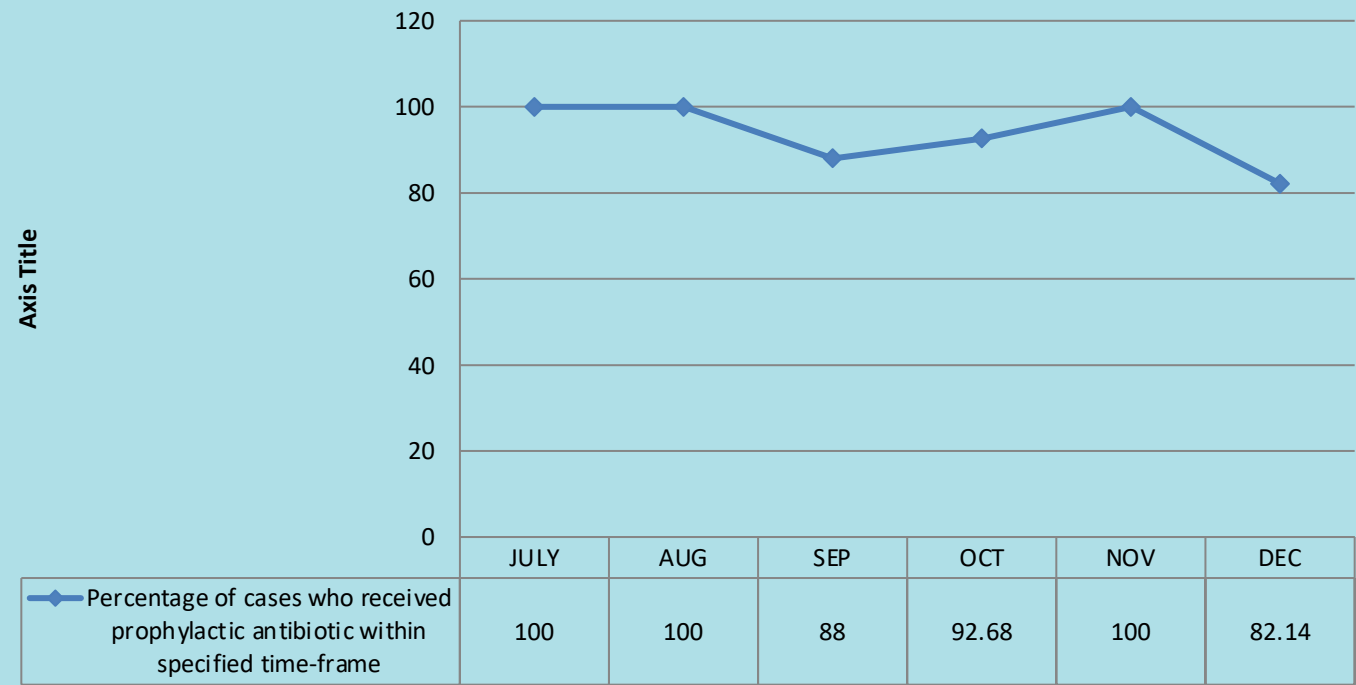
Quality Indicators:

Sample Size
Total number of major surgeries per month

Benchmark –

Special Remarks

Percentage of cases who received prophylactic antibiotic within specified time-frame



Root Cause Analysis:

Patients who went for smaller procures such as biopsy were also included in the total number of cases- prophylactic antibiotic is not necessary in case of smaller procedures such a cervical biopsy.

CAPA

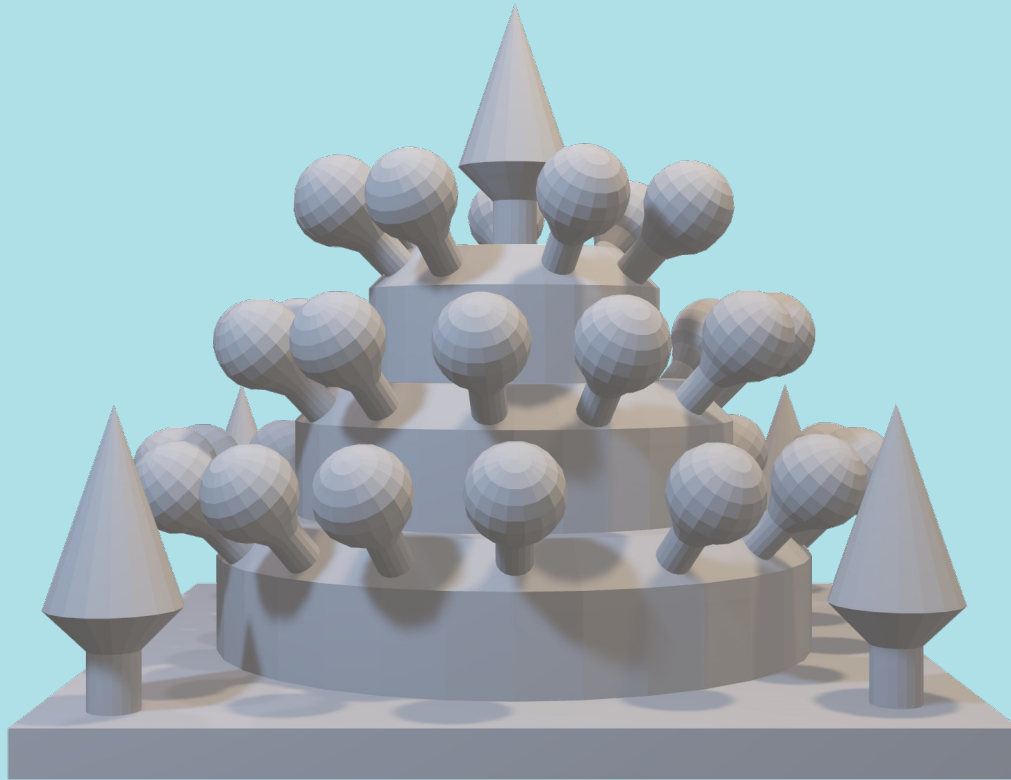
HOW MANY **QUALITY INDICATORS?**

	CLASIFICATIONS	
1	Clinical	12
2	Infection Control	6
3	Managerial	8
4	Safety	6
	TOTAL	32



WHAT FIRST TO BE DONE?

TO BUILD AS PER **NABH STANDARD**



STANDARD OPERATING PROCEDURE

STANDARD OPERATING PROCEDURE

- **SOP - System and Protocol development**
- **Training Schedule**

Create the system based on

- SPECIALTY we are treating.
- No. of beds
- Availability of staffs

Define Job responsibilities to the post not for individual staff.

COMMITTEE

SCHEDULE OF COMMITTEE MEETING

S.NO	COMMITTEE	DURATION
1	BLOOD TRANSFUSION COMMITTEE	ONCE IN THREE MONTHS
2	DRUGS & THERAPEUTIC COMMITTEE	ALTERNATE MONTH
3	HOSPITAL INFECTION CONTROL COMMITTEE	MONTHLY
4	MORTALITY COMMITTEE	MONTHLY
5	MEDICAL RECORD & AUDIT COMMITTEE	ALTERNATE MONTH
6	QUALITY ASSURANCE	ALTERNATE MONTHS
7	SAFETY COMMITTEE	ALTERNATE MONTHS
8	CODE BLUE COMMITTEE	ONCE IN THREE MONTHS
9	CONDEMNATION COMMITTEE	ONCE IN THREE MONTHS
10	PRIVILEGING AND CREDENTIALING COMMITTEE	ONCE IN SIX MONTHS
11	ICC (INTERNAL COMPLINT COMMITTEE)	YEARLY / IF NECESSARY

STATUTORY CERTIFICATES

MINIMAL CERTIFICATE TO RUN THE HOSPITAL

CLINICAL PRACTICE		
1	CLINICAL ESTABLISHMENT ACT CERTIFICATE	THE JOINT DIRECTOR OF HEALTH SERVICES
2	CORPORATION REGISTRATION CERTIFICATE	THE COMMISSIONER, CORPORATION
3	CORPORATION TRADE LICENSE	THE CITY HEALTH OFFICER, CORPORATION
4	CORPORATION SANITARY LICENSE	THE CORPORATION HEALTH OFFICER, CORPORATION
5	TNPCB AIR & WATER CONSENT	DISTRICT ENVIRONMENTAL ENGINEER, TNPCB
6	BIO MEDICAL WASTE CERTIFICATE FROM TNPCB	DISTRICT ENVIRONMENTAL ENGINEER, TNPCB
7	BIO MEDICAL WASTE AGREEMENT WITH LOCAL AGENCY	AGREEMENT WITH RAMKY ENERGY & ENVIRONMENT LTD.,
8	ROHINI REGISTRY FOR INSURANCE	INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY
AERB		
9	X-RAY	ATOMIC ENERGY REGULATORY BOARD
ULTRA SOUND		
10	PCPNDT - ULTRASOUND	ATOMIC ENERGY REGULATORY BOARD
PHARMACY		
11	DRUG LICENSE	ASSISTANT DIRECTOR OF DRUG CONTROL
12	NARCOTIC LICENSE	THE DISTRICT COLLECTOR & ASSISTANT COMMISSIONER (EXCISE)
13	GST IN PHARMACY	
FINANCE		
14	PAN	INCOME TAX DEPARTMENT
ASSOCIATION & ACCREDITATION CERTIFICATES		
15	IMA NHB CERTIFICATE	NURSING HOME BOARD & HOSPITALS, TAMILNADU STATE BRANCH
16	NABH CERTIFICATE	BOARD OF QUALITY COUNCIL OF INDIA

CERTIFICATE FOR CONSTRUCTION

1	LAND & BUILDING APPROVAL	UPTO 4000 Sq.Ft.	LOCAL BODY
		4000 Sq.Ft. - 25000 Sq. Ft.	LPA
		ABOVE 25000 Sq. Ft.	DTCP
2	GENERATOR LICENSE		TNEB
3	LIFT LICENSE		TNEB
4	TNPCB (AIR & WATER) - TEMPORARY		DISTRICT ENVIRONMENTAL ENGINEER, TNPCB
5	FIRE LICENSE		DISTRICT OFFICER, FIRE & RESCUE SERVICES

CERTIFICATE FOR ADDITIONAL FACILITIES

1	RADIOTHERAOHY TELECOBALT, LINEAR ACCELERATOR	ATOMIC ENERGY REGULATORY BOARD
2	MAMMOGRAM	ATOMIC ENERGY REGULATORY BOARD
3	C-ARM	ATOMIC ENERGY REGULATORY BOARD
4	CT	ATOMIC ENERGY REGULATORY BOARD
5	Bone Densitometer	ATOMIC ENERGY REGULATORY BOARD
6	Brachytherapy	ATOMIC ENERGY REGULATORY BOARD
7	Cath Lab	ATOMIC ENERGY REGULATORY BOARD
8	Gamma Camera	ATOMIC ENERGY REGULATORY BOARD
9	Gamma Knife	ATOMIC ENERGY REGULATORY BOARD
10	OPG	ATOMIC ENERGY REGULATORY BOARD
11	PET-CT	ATOMIC ENERGY REGULATORY BOARD
12	RSO APPROVAL	ATOMIC ENERGY REGULATORY BOARD
13	SPECT-CT	ATOMIC ENERGY REGULATORY BOARD
14	PCPNDT - ART PROCEDURE & ART CRYO PROCEDURES	THE DIRECTOR, MEDICAL & RULRAL HEALTH SERVICES
15	MTP CERTIFICATE	THE JOINT DIRECTOR OF HEALTH SERVICES
16	TRANSPLANT LICENSE	DMS
17	CERTIFICATE OF VEHICLE REGISTRATION	REGIONAL TRANSPORT OFFICE
18	FSSAI CERTIFICATE	FOOD SAFETY AND DRUG ADMINISTRATION DEPARTEMENT
19	TAN	INCOME TAX DEPARTMENT
20	GST	COMMERCIAL TAXES DEPARTMENT
21	MSME	MINISTRY OF MICRO, SMALL & MEDIUM ENTERPRISES

QUALITY PLANNER – DAY CALENDAR


TITLE	DUE DATE
OT Laminor Flow Validation	25/01/2022
Console UPS - Hospital Main	25/01/2022
FUJIFILM INDIA PVT LTD - X-RAY PRINTER	27/01/2022
PHILIPS INDIA LTD - USG MACHINE AMC	27/01/2022
Bulk Mail Renewal	28/01/2022
CC Account FD Amount Transfer	28/01/2022
Internet - Cherri Net	28/01/2022
Pharamcy Stock Taking	30/01/2022
OT ,Dialysis & ICU - Culture	30/01/2022
RO Water - Culture	30/01/2022
Lab External QC	30/01/2022
OT Biological Indicator	30/01/2022
Facility Inspection	30/01/2022
Medical Audit	30/01/2022
Medical Record Audit	30/01/2022
Committee Meeting	30/01/2022
JD Office Report (Form A & F)	01/02/2022
Airtel CUG	01/02/2022
World Cancer day	04/02/2022
Hepatitis B second dose	04/02/2022
EB - House & Hostel (Feb, April,June,Aug,Oct & Dec)	05/02/2022
NHB - News Letter, Payment & Income & Expenses	05/02/2022
All Monthly Reports	06/02/2022
Insurance Renewal - Bus	07/02/2022

STAFFING OF NURSING

S.NO	DEPARTMENT / AREA	NURSE:PATIENT RATIO
1	ICU- Ventilator Beds	1:1 Each Shift
2	ICU- Non-Ventilator Beds	1:2 Each Shift
3	High Dependency Unit (HDU)	1:3 Each Shift
4	Inpatient Beds	1:6 Each Shift
5	Operation Theatre (OT)	2 Nurses Per Table Each Shift

INTERNAL AUDIT

MEDICATION STORAGE AUDIT

 **GURU Hospital, Madurai**
Medication Storage – Compliance Checklist 15/12/21

	Yes	No	Comments
1. Medication room/storage area is clean and orderly. Medication Storage Policy & Procedure available.	✓		
2. Medications are stored in secure/locked area with access limited to authorized personnel.	✓		
3. Staff who have access to medication room/ cabinet are identified in writing.	✓		
4. Client medications centrally stored are recorded and retained for at least 3 year. (Log includes: date of receipt, medication name, strength, quantity, MD, fill date, rx # and pharmacy name, exp. date, # refills, instructions on control and custody of medications)	✓		
5. Food is stored separately from drugs.	✓		
6. Drugs requiring refrigeration are stored between 2°-8° F. Room temp: 59°-86° F.	✓		
7. Drugs are not stored in any refrigerator that contains food.	✓		
8. Medications are labeled according to federal and state laws. Labels are altered only by those legally authorized to do so (dispensing pharmacist).	✓		
9. Medications are stored in original received container and not transferred between containers.	✓		
10. Medications maintained in the personal possession of the client are not a hazard to other clients at the facility	✓		
11. Multidose injectable medications are dated and initialed when opened. (Expire after 28 days, except vaccines)	✓		
12. Sharps containers are stored in a secure location and disposed of properly.	✓		
13. No expired, contaminated, or deteriorated drugs are found.	✓		
14. Non-active client medications are stored separately or have been disposed of or destroyed.	✓		
15. Expired/returned drugs are disposed of per legal requirements and procedure. (Destruction Log – need two signature for client medications)	✓		
16. Client identifiers are removed from prescription labels and leaflets before discarding/recycling.	✓		
17. There are no medication "samples" in the facility.	✓		

Inspected by: 19. Anbumozhi Date: 15/12/21

Reviewed with: Mrs. Shree Title: NS

Approve: 2 Approve with recommendations: _____ Correction Plan Required: _____

CAPA
Pharmacy audit Satisfactory

PATIENT FEEDBACK ANALYSIS

PATIENT FEEDBACK ANALYSIS

This is a complete analysis of a patient feedback template

Administrators give out a set of **CRS-2000** to every patient visiting guru hospital and we asked the patient and attendant to fill the feedback form and return to OPD sister.

We use this feedback form for our quality improvement



Guru Hospital

IP FEED - BACK FORM



Name _____ Age / Sex _____ Room No. _____

Dr. Name _____ Date _____

In order to improve ourselves and to go a step further towards patient satisfaction, we request your kind co-operation. So could you please let us know your needs through this questionnaire.

• Reception	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
• Cleanliness	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
• Nursing care	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
• Doctors care	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
• Treatment	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
• Facilities in the room	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
• Facilities in the hospital	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
• Total care	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good

If you feel that there is somemore to add please give your suggestions

Impressing factor _____
 Depressing factor _____

Kind Request :- Do not appreciate our employees by offering tips.
Thank you ...

PATIENT FEEDBACK ANALYSIS

[illegible]

PATIENT FEEDBACK ANALYSIS



AREA OF STRENGTHS:

Listening to what the patient had to say

Explaining the **division** problem and supportive.

AREAS OF DEVELOPMENT

Poor canteen facility

Pharmacy to be improve.

ACTION PLAN

Dietician instructed to check quality of canteen food daily

Billing process for pharmacy to be improved

PRO ACTIVE RISK ASSESSMENT

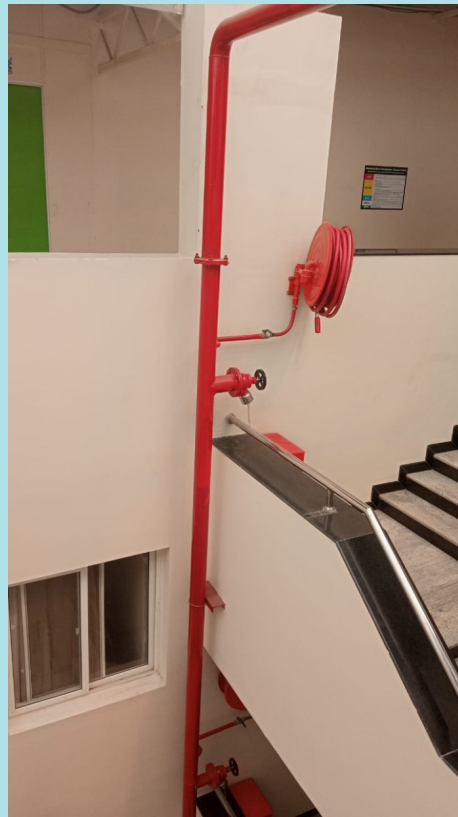
NURSE CALLING SYSTEM



HANDRAIL IN RAMP AREA WITH ANTI-SKID MAT



FIRE SAFETY MEASURE

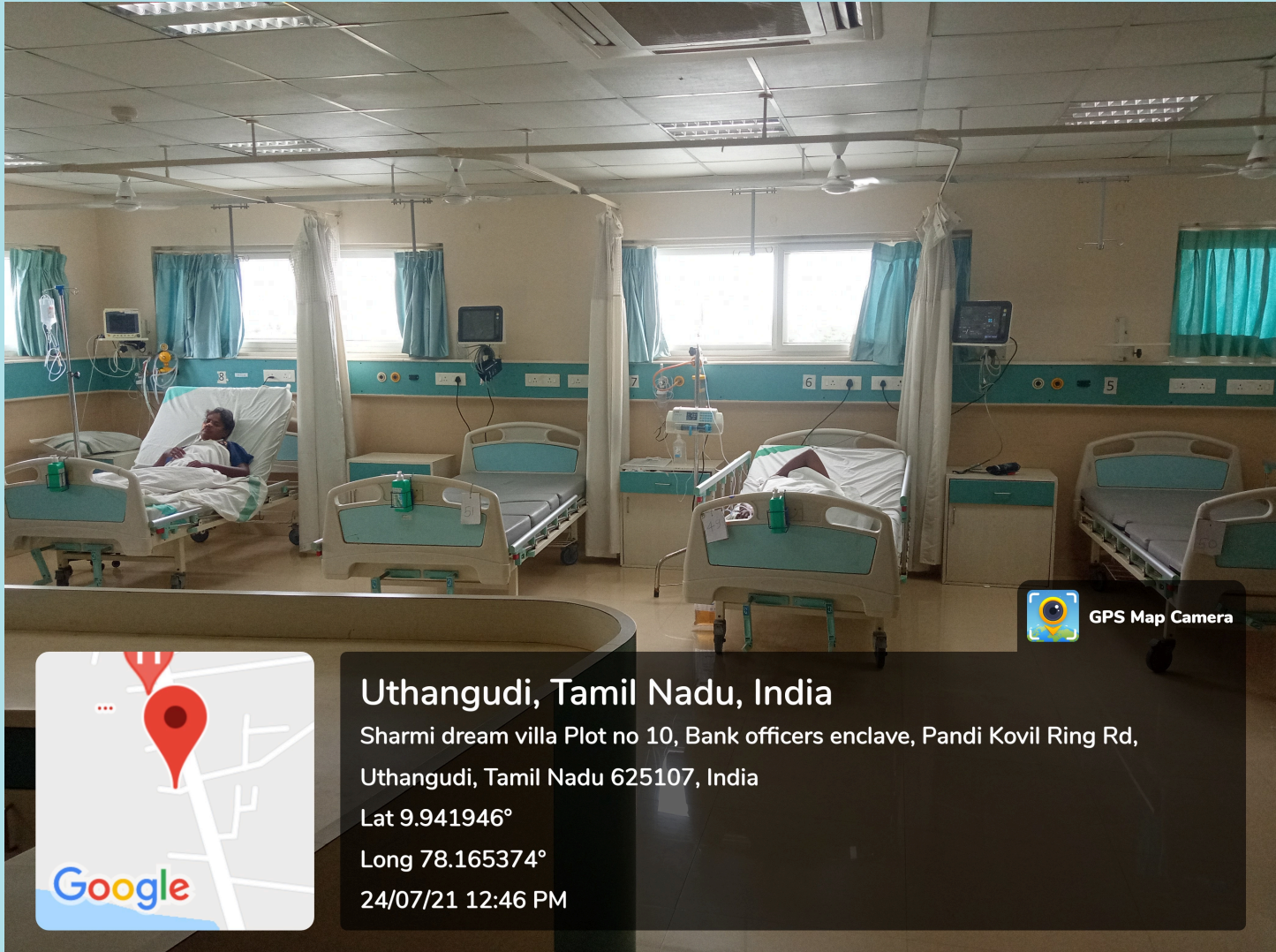


FLOOR WARNING SIGN



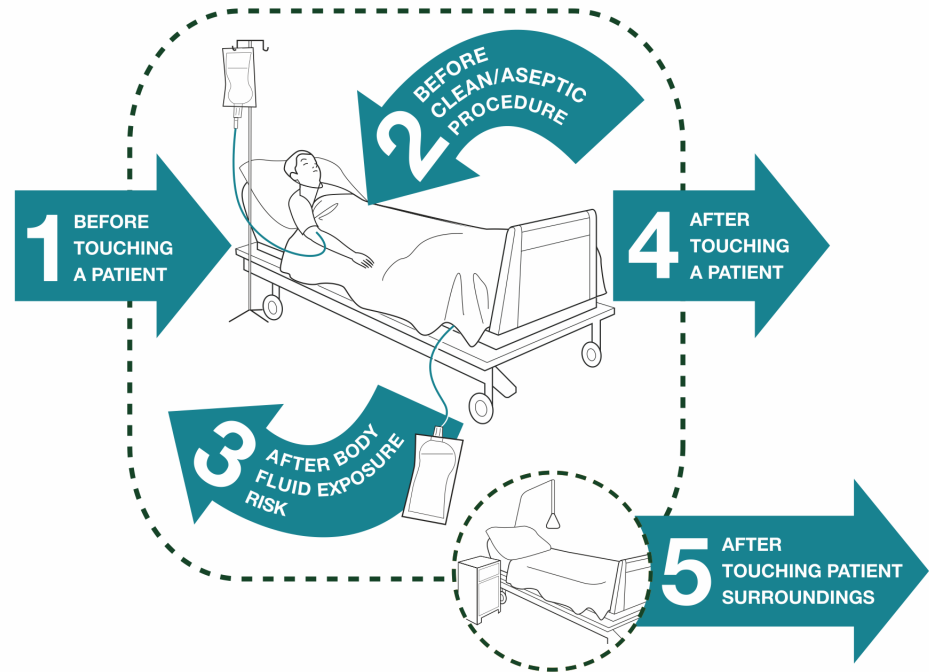
INFECTION CONTROL ACTIVITIES

INFECTION CONTROL PRACTICE



5 MOMENTS OF HAND HYGINE

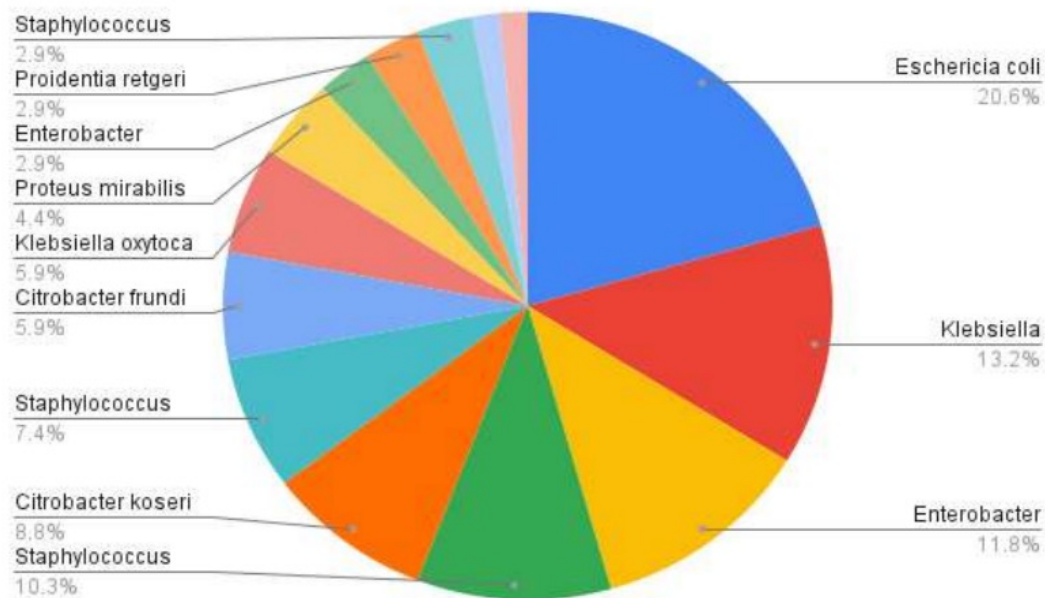
- 1** BEFORE TOUCHING A PATIENT
- 2** BEFORE CLEAN/ASEPTIC PROCEDURE
- 3** AFTER BODY FLUID EXPOSURE RISK
- 4** AFTER TOUCHING A PATIENT
- 5** AFTER TOUCHING PATIENT SURROUNDINGS



ANTI-BIOTIC POLICY

Most common bacteria isolated are

1. *Eschericia coli*
2. *Klebsiella pneumoniae*
3. *Enterobacter aerogens*



They constitute 45 percent of the organisms isolated.

SURVILANCE CAPTURING

CAPTURE?

- When there is a deviation
in Procedure, Process and safety measures like fall, Needle stick injury,
Adverse Drug reaction

Very few are reported & Analysed .

- Hence the Organisation should have own Capture Mechanism to find out the deviations .
- ANALYSIS -ALL INCIDENTS
Root cause analysis ,
Corrective action and
Preventive Action

CAPA?

- **ROOT CAUSE ANALYSIS:**

- Root cause analysis (RCA) is a method of problem-solving that tries to identify the root causes of faults or problems that cause operating events

- **CORRECTIVE ACTION :**

Action to eliminate the cause of the incident and to prevent recurrence

- **PREVENTIVE ACTION :**

Action to eliminate the cause of a potential to occur

EMERGENCY CODE

WHAT IT IS?

- Hospitals often use code names to alert their staff to an emergency or other event. ...
- **Code blue indicates a medical emergency such as cardiac or respiratory arrest.**
- Code red indicates fire or smoke in the hospital.

CODES TO BE PRACTISED



EMERGENCY CODES

Code Red	Fire
Code Pink	Child / Baby Abduction
Code Blue	Cardio Respiratory Arrest
Code Black	Bomb Threat / Physical Threat
Code Violet	Violence
Code Yellow	Disaster
Code Orange	Spillage

Code No : 108

EQUIPMENTS

HOW TO **MAINTAIN** ?

“If you didn’t Schedule time for maintenance, your equipment will schedule it for you...!”

- Equipment Master to be create with Asset Number
- History card / Log
- Periodical & Preventive Maintenance
- AMC & CMC

QUALITY **ASSURANCE** ?

- Calibration of the equipment to be done every year
- Labeling of the calibrated date and next due date
- Internal quality assurance by the organization
- External quality assurance by the authorized company.

HR MANAGEMENT

HR PERSONAL FILE

Personal File :

- Basic information sheet
- Joining letter
- Appointment letter
- Medical fitness sheet
- Agreement
- Training and Evaluation Certificate
- Photograph – 2
- Qualification certificate
- Aadhaar copy
- Experience Certificate
- Credential and privilege for Doctors and Nurse
- Health check details
- Vaccination details
- Job responsibility
- Performance Appraisal
- Disciplinary and Grievance

HR TRAINING CALENDER

[illegible]



TAKE HOME MESSAGE

SMART WORK



OWNERS ATTITUDE

Don't be busy.
Be productive.

திருக்குறள்

இதனை இதனால் இவன்முடிக்கும் என்றாய்ந்
ததனை அவன்கண் விடல்.



MY **WISHES** TO ALL





THANK YOU