

QUALITY INITIATIVES



METAS ADVENTIST HOSPITAL
(Formerly Mission Hospital)

Departmental Safety Audit Checklist

Dept:

Date:

.no	Elements	Yes/No	Remarks
1	Is the floor slippery and probable to cause slip falls		
2	Is there any uneven areas that can potentially cause trip fall		
3	Can the gradient and height of ramps/stairs cause fall while walking through them		
4	Does the placements of furniture .overhead storage .equipment etc.likely to cause accidents?		
5	Are there any unprotected electrical wirings?		
6	Does the area contain any listed hazardous materials stored in unsafe conditions?		
7	Are there unwanted storage in a condition that can trigger fire in the area		
8	Will there be a difficulty in accessing a fire-extinguisher in case of fire ?		
9	Are the fire extinguishers available in the area in case of fire		
10	Will there be a difficulty in Evacuating the area in case of fire		
11	Does the area lack of display of emergency evacuation route?		
12	Are there obstacles in emergency evacuation routes?		
13	Does the staff lack understanding of basic fire safety measures?		
14	Is the exit route free of obstacle and convenient to use ?		
15	Is the fire extinguisher accessible?		
16	Does the area lack adequate lighting which can be a reason for accidents or errors?		
17	Are the swing doors unsafe for people passing through it ?		
18	Are there leakages /seepages in the area .rendering it prone to infections?		
19	Are there rodents and pests in the area which can cause harm to patients /staff or materials?		
20	Can the height of ceiling cause injury to head to people with long height?		
21	Are there unwanted or unnoticed holes ,breaks in the floor /ground that can be hazardous while walking?		
22	Does the terrace/higher floor lacks grills at teh border.making it unsafe?		
23	Does the terrace /higher floor lacks grills at teh border ,making it unsafe?		
24	Other Findings and Remarks		

Mock drill schedule

NAME OF THE MOCKDRILL	CODE RED	CODE PINK	CODE BLUE	DISASTER MANAGEMENT	TRIAGE MANAGEMENT
JAN	12	12	12	10	
FEB	16		23		15
MAR	23		27		
APR	19	27	19	12	24
MAY	18		24		
JUN	22		14		20
JUL	27	20	19	20	
AUG	10		24		14
SEP	21		13		
OCT	24	16	18	24	27
NOV	20		23		
DEC	28		14		19

INFECTION CONTROL DASHBOARD 2018

ward _____		Month _____							
GENERAL INDICATORS		1	2	3	4	5	6	7	TOTAL
1	No of Thrombophlebitis cases								
2	Blood stream infections								
3	Surgical site infection								
4	Isolation protocols followed								
5	Patients received prophylactic antibiotics within specified time frame								
7	SSI in inguinal herniography								
8	SSI in caesarian section								
9	SSI in Lap.Cholecystectomy								
10	Pressure ulcer (Hospital Aquired)								
11	Pressure ulcer (community Aquired)								
12	worsening of pressure ulcer								
13	Urinary tract infections (Hospital aquired)								
14	Urinary tract infections (Community aquired)								
15	Central line associated Blood Stream Infection (CLABSI)								
16	Catheter associated urinary tract infection (CAUTI)								
17	Peripheral line related blood stream infection (PRBSI)								
18	Post op fever								
19	No of Opportunities for Hand Hygiene								
20	Total no of Observation - Hand Hygiene								
21	Total no of Compliance- Hand Hygiene								
22	Total no of Non Compliance-Hand Hygiene								
23	Total no of Pheripheral lines								
24	No of Needle stick injuries								
25	No of sharp injuries								



26	No of Central line days								
27	No of Arterial line days								
28	No.of DLC lines days								
29	No.of femoral Lines days								
30	No of ventilator days								
31	Foleys catheter days								
32	No of blood and body fluid exposure								
33	No of notifiable diseases								
34	No of VAP cases								
35	No of infection control topics added in departmental training schedule								
36	Spill management								
37	Change of Curtains								
38	Post exposure Prophylaxis								
Sign of supervisor									
Sign of ICN									

MAH/HQC/HICD/REV/05

**** Infection Control Dashboard is done by the Ward Supervisors and Asst. Supervisors; Audited by Infection Control Nurse on daily basis and Analysis is done by the ICN on monthly basis.**

MEMBERS OF THE COMMITTEES 2018

Sr. No	COMMITTEE	FREQUENCY	CHAIR PERSON	SECRETARY	MEMBERS
1	THE MANAGEMENT REVIEW & QUALITY STEERING COMMITTEE	ONCE IN A MONTH	DR. ANIL KUMAR CH	SHWETHA	DR RAMESH SURATI, DR AMIT SHAH, DR. ASHISH BOOTRA, SR JAYASUBHA, MR. PRASANGI, DR ANN SANTOSH, SR LALITA KATE, SR CATHERINE. SR. RUTH MOHAN, MR RAJESH
2	THE PHARMACY & THERAPEUTICS COMMITTEE	ONCE IN TWO MONTHS	DR. NITIN MITTAL	KRISHNA	DR EDIBAM, DR FRENIL, DR. ASHISH BOOTRA, DR AKSHAT KHEMKA, MRS. KATE, SR. RUTH MOHAN, MRS. SHWETHA, MR JAGANATH
3	THE SAFETY, RISK MANAGEMENT & EMERGENCY PREPAREDNESS COMMITTEE	ONCE IN TWO MONTHS	MR. PRASANGI	SUSHIL TUDU	MRS. KATE, MRS. CATHERINE, DR. ANN, MRS. JAYSHUBA, MR. BIJAY, MRS. RUTH MOHAN, MRS. SHWETHA, DR. NEHA SR. ASHA, SR. SHYAMALA, MR. SAMJASHEEL, MRS. DIMPLE, MR. RAJESH, MR. PRAMOD, BR. MOHAN P
4	INFECTION CONTROL & HOSPITAL WASTE MANAGEMENT COMMITTEE	ONCE IN TWO MONTHS	DR FRENIL	SAMJASHEEL	DR RAJEEV PRADHAN, DR V EDIBAM, SR CATHERINE, SR JAYASUBHA, BR SURENDRA REDDY, SR. LOGA, MR BIJAY, DR. KAZUMI, MR. JEBASINGH, BR. SURENDRA, MR. BIJAY
5	ICU & OPERATING ROOM USERS COMMITTEE	ONCE IN TWO MONTHS	DR EDIBAM	LOGA	DR FRENIL, DR GUNSHYAM, DR NITIN MITTAL, DR. RAMESH SURATI, DR ANKIT, SR RUTH MOHAN, DR ANN, BR. SURENDER REDDY, MR. SAMJASHEEL
6	THE HEALTH INFORMATION MANAGEMENT & MEDICAL RECORDS COMMITTEE	ONCE IN A MONTH	DR VIRAL GONDALIA	ANUSHA	SR KATE, MR YOGESH, BR JAMES, DR ANN SANTOSH, DR NEHA SINHA, SR RUTH MOHAN, SHWETHA, SR. MANMAYA, DR. DAVID NARAYAN
7	ANTI-HARASSMENT COMMITTEE	ONCE IN TWO MONTHS	DR ANJANA PANDYA	JAYASUBHA	DR. SMITAVAKIL, SR LALITA KATE, SR CATHERINE, SR. MANMAYA MR. RAJESH, MRS. RUTH MOHAN
8	GRIEVANCE AND DISCIPLINARY COMMITTEE	ONCE IN TWO MONTHS	DR GAURANG DESAI	RAJESH	DR NISHANT, DR. AMIT SHAH, SR LALITA KATE, SR CATHERINE, MRS. MEENA, MR PRASANGI, DR DAVID CHANDRASHEKAR, SR. JAYASUBHA, MR. SURESH TOPPO, MR. JASPER
9	DEATH REVIEW	TWICE IN A MONTH	DR RAMESH SURATI	DR ANN SANTOSH	ALL THE CONSULTANTS, SR LALITA KATE, SR CATHERINE, SR RUTH MOHAN, DR NEHA SINHA, SR. JAYASUBHA, SR. MANMAYA
10	CODEBLUE REVIEW COMMITTEE	ONCE IN A MONTH	DR ASHISH PATEL	SURENDRA REDDY	DR GAURANG DESAI, DR VIRAL GONDALIA, CODEBLUE INCHARGE, SUPERVISOR (INVITEES), DR ANN SANTOSH, SR. RUTH MOHAN

**HOSPITAL INFECTION
CONTROL -TRACKERS 2018**



METAS ADVENTIST HOSPITAL
Formerly Mission Hospital

TRACKERS(HIC)

SR.NO	DATA TO MAINTAIN	DAILY	7 DAYS	15 DAYS	1 MON	3 MON	6 MON	1 YR	AS AN WHE N REQU IRED
1	Minutes of committees with Circular								
2	conferences								
3	Surveillance data		OT, CSSD & OB ROOM	MICU & NICU					
4	daily rounds								
5	CSSD disinfection data								
6	Antibiotic policy								
7	departmental Culture								
8	Laundry Visit								
9	Kitchen staff health checkup								
10	Mortuary visit								
11	Nursing sensitivity chart analysis								
12	Notifiable disease								
13	Infection control dash board								
14	waste segregation data								
15	Uti audit								
16	VAP audit								
17	BSI audit								

QUALITY INITIATIVES

NURSING QUALITY ASSURANCE PROGRAM

S.NO	Elements	Evidence	Remarks	Signature
1	Check for the documented quality assurance programme and evidence of implementation of the same.	(Nursing dashboard, quality indicator)		
2	Check for the training record of staff in the WARDS	(Training attendance and feedback should be attached)		
3	check for storage of medicines , check for control of monitoring high alert drugs	(Check list for high alert drugs attached)		
4	Check for the admission and discharge process of patients	(Admission and discharge checklist, audit checklist attached)		
5	Check the periodic training of the staff providing direct patient care	(Code blue assessment and summary, mock drill training attached)		
6	Check for emergency medication trolley	(checklist attached)		
7	Check for medication errors	(medication error summary attached)		
8.	Check for evidence of medicine storage as per manufacturers guideline	(Temp chart of refrigerator)		
9.	Structured training program for nursing staff.	(training summary)		
10.	Check for the blood transfusion evidence	(Blood transfusion consent , monitoring chart, blood transfusion protocol training sheet, reaction record, blood transfusion record audit sheet attached)		



METAS ADVENTIST HOSPITAL

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NURSING AUDIT TOOL

NO	Elements	Compliance	Partial Compliance	Non Compliance
1	Vital signs on admission			
2	Nursing assessment on admission			
3	Nursing Care plan based on assessment			
4	Preventive aspect of care			
5	Patients safety.(Fall risk assessment scale, Allergy status. Medication safety)			
6	Legible medical orders			
7	Nutritional need met as per diagnosis			
8	Ambulation and exercise planned			
9	Referance given according to diagnosis (Where needed)			
10	System review as per diagnosis			
11	Skin assessment (Braden scale) care planned accordingly			
12	Pain assessment as per diagnosis.			
13	Nurses note as per diagnosis			
	Progress note			
	I/O chart			
	Hourly vital sign chart (Where needed)			
	Critical flow chart			
	Standard abbriviations used			
	Consents-(Sign in local language consent/witnessed sign)			

QUALITY INITIATIVES



METAS ADVENTIST HOSPITAL
(Formerly Mission Hospital)

WARD STATISTICS

31	Total No of Medication Charts in Capital																		
32	Total no.of medical records Checked																		
33	No.of Re-do Tests for Lab																		
34	Total no.of handover Oppurtunities																		
35	Total No of Missed Handovers																		
	a. ward-ward																		
	b.Ward-ICU																		
	c.Ward-OT																		
36	Total No Of Emergency Admission																		
37	Total No OPD Admission																		
38	Total no.of Admissions																		
39	Total no.of Transfer-In																		
40	Total no.of Transfer-Out																		

Cont....

WARD STATISTICS

41	Total No of Discharge																		
42	Total no.of Death																		
43	Total no.of LAMA																		
44	No.of inpatient days																		
45	Total number of surgeries																		
	a.Major																		
	b.Minor																		
46	Total no. of maintenance related patient complaints																		
	SIGNATURE OF SUPERVISOR																		

MAH/HQC/ND/REV/04

QUALITY INITIATIVES



METAS ADVENTIST HOSPITAL
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NURSING- DASHBOARD

WARD.....

MONTH

1. PATIENT CARE & SAFETY

SNo	Indicators	1	2	3	4	5	6	7	Total
1	Patient Fall - No Injury								
2	Patient Fall - Injury								
3	Patient identification errors								
4	Restraint Prevalence								
5	No of Incident Reports								
6	Near miss events								
7	Sentinel events								
8	Communication errors								
9	Adverse drug reaction								
10	Adverse drug Events								
11	Total medication error while prescribing								
12	Total medication error while transcribing								
13	Total medication error while Administering								
14	Total medication error while Monitoring								
15	Total medication error while dispatching								
16	Total medication Error with illigible writing.								
17	Total number of medication orders having error prone abbreviations								
18	Total No of Medication Errors								

Cont....

PATIENT CARE & SAFETY

SNo	Indicators	1	2	3	4	5	6	7	Total
19	Total No. of patient receiving prophylactic antibiotic within 60 minutes								
20	Total No. of patient receiving high risk medicines								
21	Total No. of patient developed adverse reaction after receiving high risk medicines								
22	Accidental Removal of lines								
23	Total no.of intubation								
24	Total No. Of Code Blue								
25	Total no.of RRTs								
26	Total No.of Blood Transfusions								
27	Blood Wastage								
28	Total No of Transfusion Reactions								
29	No of Incident Reports								
30	Recall Procedure-CSSD/Pharmacy /Equipment								



Quality Improvement Projects

21. To improve effective communication among the healthcare workers.
22. To minimize the critical equipment down time in Bio-Medical equipments.
23. To minimize the supply of goods after 5.30pm
24. To monitor the punctuality of employees.
25. To Monitor and decrease the no. of discharges after 5.30pm.
26. To minimize the Re-Do's for imaging services in Radiology department.
27. To Reduce the response time for maintenance Complaints.
28. To Implement practical measures in reducing the time taken in the admission process.
29. To decrease the turnaround time of discharge procedure.
30. To decrease the number of dispatching errors for drugs
31. To improve the patient safety during the transportation of patients while shifting to diagnostics.
32. To ensure patients get right medication while dispatching the drug from pharmacy.
33. To train the customer care staff on care of vulnerable patients in Outpatient Department.
34. To monitor the grooming of employees while on duty.
35. To improve the transportation of patients in wheel chairs using safety Belts.
36. To improve the identification of patients before invasive procedure.
37. Reduce the risk of patient falls by implementing the safety measures during the course of hospital stay .
38. To decrease the average length of stay for patients admitted in intensive care unit
39. To educate the healthcare workers on the new biomedical waste management as per 2018 national guidelines .

Quality Improvement Projects

1. Prevention of Needle stick Injuries among healthcare workers
2. Care of Patients under Mechanical Ventilation admitted in Intensive care Unit
3. To Improve the Outcome of patients under Mechanical ventilation and Prevent Ventilator associated Pneumonia.
4. Prevention of phlebitis for patients admitted in General wards by using ACL flushing protocol.
5. To decrease the average length of stay for patients admitted in Intensive Care Unit.
6. To assess and improve the hand Hygiene Compliance among the healthcare workers.
7. Improve the documentation of charting and calculating the intake and output for renal patients.
8. To monitor the usage of TLD badges for staff working who are exposed to radiation.
9. To reduce and prevent Medication errors for patients admitted at Metas Adventist Hospital.
10. To improve the personal hygiene of the patients for infected patients admitted in Isolation rooms.
11. To Improve the knowledge on Informed consents for patients undergoing Invasive procedures.
12. To study and Monitor the delay of shifting the patients from ward to operation theatre before the surgery.
13. To practice and implement the sound Inventory.
14. To improve the importance of carrying out Doctor's orders immediately after the rounds.
15. To Initiate the nutritional screening for all inpatients for Better dietary services.
16. To Monitor and prevent patient falls after admission of a patient.
17. To emphasize on activation Rapid Response Team and decrease No. of Code Blue.
18. To Improve the Knowledge on administration of Chemotherapeutic Drugs.
19. To improve the Changing and labeling of Invasive lines according to the protocol
20. To educate the nursing staff on the importance of changing position every two hourly and prevent pressure ulcers.



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HOSPITAL INFECTION CONTROL -TRACKERS 2018

R.NO	DATA TO MAINTAIN	DAILY	7 DAYS	15 DAYS	1 MON	3 MON	6 MON	1 YR	AS AN WHE N REQU IRED
18	SSI audit								
19	Dash board to send to concerned person								
20	Training data								
21	Hand hygiene tool								
22	Isolation room protocol								
23	Ward consumption								
24	Employee prophylaxis list								
25	Validation Report								
26	En-vision visit report								
27	Photo of BMW transportation								
28	ICN budget								
29	Assessment Mark list								
30	Needle stick injury incident data								
31	Water culture Report								
32	Infection control counseling								