



**ATHARV AYURVED
MULTISPECIALITY HOSPITAL**

112/29, Vasant Vihar, Sonapat
Road, Rohtak Pin-124001

Quality Operating
Process

Document No :AAMH/20

Manual of
Operations
KPI Policy

Date of Issue : 20/02/2022
Issue No. : AAMH/I//20
Date of Revision: 19/02 /2023
Revision No. : 01

SERVICE NAME :	KPI Policy
DATE CREATED :	20/02 /2022
APPROVED BY :	DR. PRINCE GIROTRA
RESPONSIBILITY OF UPDATING :	Dr.Sushil Arya

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Atharv Ayurved Multispeciality Hospital
112/29, Vasant Vihar, Rohtak-124001 (Hr.)



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AMENDMENT SHEET

	Section and Page	Date	Amendment	Signature



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Purpose:

To provide guideline instruction for ensuring uniform KPI Policy

Scope: Hospital Wide

ABBREVIATION:

NA	National Accreditation Board For Hospitals and
BH	Healthcare providers
CQI	: Continuous Quality Improvement
KPI	KEY PERFORMANCE INDICATORS

RESPONSIBILITY:

Consultants / Doctors

All hospital staff

Core/Quality Assurance Committee

The responsibilities of the Quality Improvement Committee are as follows.

- Planning of the quality management system

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	Manual of Operations KPI Policy	Date of Issue : 20/02/2022 Issue No. : AAMH/I//20 Date of Revision: 19/02 /2023 Revision No. : 01

- Establishment, monitoring and review of quality indicators
- Ensuring the availability of resources as required by the quality management system
- Conducting management reviews
- Reviewing non-performances related to services
- Reviewing internal audit reports
- Analysis of data on process and service measurements
- Analysis of patient satisfaction data and complaints
- Ensuring timely corrective and preventive actions
- Ensuring continual improvement of the quality management system

- **Members of the committee**
- Chairman
- Chief Administrative Officer
- Accreditation Co-coordinator

II. Roles and Responsibilities

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A. Establishment of Quality Objectives & Indicators

The Quality Improvement Committee is responsible for establishment of quality objectives for various areas. These shall be in line with the recommended Hospitalal / Managerial Structures, Process & outcome indicators.

B. Review quality objectives and indicators

The Quality Improvement Committee shall review the status of achievement of each quality indicator during its management review.

Wherever possible these quality indicators shall be bench marked against international or national centers of repute, standards recommended by national / international bodies or evidence of practice as reported in


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peer reviewed publications / accepted
reference books.

The target levels of achievements for each indicator will be set by the Quality Improvement Committee based on the recommendation made by the respective Committee Chairpersons / Head of the Department concerned.

Interval and frequency

All services and Departments utilize the established Quality Improvement Manual throughout the facility to improve targeted areas of concern. The quality improvement plan has been prepared by a multidisciplinary committee of the hospital under the guidance of Dr Prince Girotra Owner of Atharv Ayurved Multispeciality Hospital. The Committee invited inputs from the staff members and has established the


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quality plan in collaboration with staff representatives; hence it has support and acceptance from the staff members at various levels.

Agendas for the meeting shall be prepared by the secretary in consultation with the chair person and signed by the chair. Then it is sent to all committee members and other experts. The agenda shall be sent to all at least one week before the scheduled meeting.

A meeting shall be called even by an oral / telephone communication in case of an emergency meeting. A justification for the emergency meeting has to be given.

Shall be prepared by secretary and sent to the committee. It is signed by the chairperson and then sent to the Chairman for the approval within a week of the meeting. The minutes shall be sent with the copy of agenda of that meeting.

 <p>ATHARV AYURVED MULTISPECIALITY HOSPITAL 112/29,Vasant Vihar,Sonepat Road,Rohtak Pin-124001</p>	Quality Operating Process	Document No :AAMH/20
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The approved minutes are circulated to all the committee members and the person concerned for implementation.

Atharv Ayurved Multispeciality Hospital is committed to provide best quality, affordable and accessible, preventive, curative, promotive and comprehensive health care services to the community and assure the best outcome.

We hereby assure quality healthcare to patients through reliable healthcare services, available medicines and maintainable equipment.

Atharv Ayurved Multispeciality Hospital will ensure that all the best practices are adopted for the provision of the best quality of healthcare, to guard the overall safety of patients and their attendants, employees, facilities & the environment.

The Safety of all patients is the primary responsibility of all the hospital staff members. The Safety of Facility, Assets & the Environment is important to ensure the provision of quality services.

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Ensure the availability of resources and information necessary to support the operation and monitoring of these processes

The Team approach serves as a means of collaboration between departments and disciplines in planning and providing systematic organization-wide improvements.

Data is collected as a part of continuing measurement, in addition to data collected for priority issues.

Data collection includes the following processes or outcomes at two levels, Clinical and Managerial structures, processes and outcomes:

Clinical structures, processes and outcomes

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KEY PERFORMANCE / QUALITY INDICATORS

Key Indicators Followed in Atharv Ayurved
Multispeciality Hospital

R e f. N o	Quality Indicator	Formula	Da ta col lec tio n an d an aly sis	Res ult
C Q I 4 . c . 1	Incidence of falls	No. of falls 1X100		
		Total no. of		



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		patients		
C Q I 4 . g . 4	Incidence of blood body fluid exposure	Number of blood body fluid exposures 1X1000 Number of in- patient days		
C Q I 4 . g . 2	Percentage of near misses	Number of near misses reported 2X 100 Number of incident reports		
C Q I 3 . g	Percentage of re-scheduling of the procedure	Numbe r of cases re- Schedu		



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1		led 1X100		
		Number of anushastra karma performed in that month		
C Q I 3 . g . 2	Percentage of vyapath observed by nasya/ Vaman / Virechan/ Vasthi/Swedan / Snehan karma	No.of vyapath observed 1X100 Total no.of patients treated with the procedure		
CQI 4.c.3. 4	Burn injury during treatment procedures	Number of patients with burn injury 1X100		



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		Number of patients receiving treatment procedures that include heat		
		Application		
C Q I 4 . d . 5	Critical equipment down time	Sum of down time for all critical equipment in hours 1x10		
C Q I 4 . e . 4	Time taken for discharge	Sum of time taken for discharge 2X 100		



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		Total number of discharges		
C Q I 3 .c . 2	Percentage of admissions with adverse drug reactions	No. of admissions with adverse drug reactions 1X100 Total no. of admissions		

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