



**ATHARV AYURVED
MULTISPECIALITY HOSPITAL**

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

**Quality Operating
Process**

**Manual of
Operations
Audit Policy**

Document No :AAMH/21

**Date of Issue : 22/02/2022
Issue No. : AAMH/1/21
Date of Revision: 21/02 /2023
Revision No. : 01**

SERVICE NAME :	Audit Policy
DATE CREATED :	22/02 /2022
APPROVED BY :	DR. PRINCE GIOTRA
RESPONSIBILITY OF UPDATING :	Dr. Sanjeev Madan

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112/29, Vasant Vihar, Rohtak-124001 (Hr.)

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A. Purpose:

To provide guideline instruction for ensuring uniform Audit Policy

To define the responsibilities of those responsible for governance.

To ensure that the organization is managed in an ethical manner.

To define responsibilities of multi-disciplinary committees for overseeing specific aspects of quality and patient safety.

B. Scope: Hospital Wide

RESPONSIBILITY:

Director.

Chairman, Assistant Manager, Infection Control Nurse, HR Manager, Accounts Officer, All functional Heads.

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. Atharv Ayurved Multispeciality Hospital will ensure that all the best practices are adopted for the provision of the best

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quality of healthcare, to guard the overall safety of patients and their attendants, employees, facilities & the environment. The quality improvement plan has been prepared by a multidisciplinary committee of the hospital under the guidance of Dr Prince Girotra (MS) of Atharv Ayurved Multispeciality Hospital. The Committee invited inputs from the staff members and has established the quality plan in collaboration with staff representatives; hence it has support and acceptance from the staff members at various levels.

Objectives

1. To focus on Quality of patient care.
2. To improve the performance of all professionals & protect patients
3. To monitor, measure, assess and improve performance and to enhance patient satisfaction.
4. To guard, measure and improve patient safety.
5. To inculcate an excellent hygienic treatment process
6. To involve all employees to participate in improving Quality
7. To search for pattern of non-compliance with goals, objectives & standards through:

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- Problem **identification**
- Problem **assessment**
- Finding the **root cause**
- **Solution** Generation
- **Plan for the solution implementation**
- **Implementation** of corrective action
Monitoring

Planning:

Planning for the improvement of patient care and health outcomes includes a hospital-wide approach.

The hospital maintains a plan that describes the hospital's approach, processes, and mechanisms that comprise the hospital's Quality improvement activities.

The Team approach serves as a means of collaboration between departments and

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disciplines in planning and providing systematic organization-wide improvements.

A. ROLES AND RESPONSIBILITIES

1. To review the medical records for adequacy and completeness
2. To determine whether the records meet the required standards for promptness, completeness, and Hospital pertinence
3. To recommend policies regarding content and completion of medical records
4. To decide and develop suitable medical record forms.

B. MEETING AND REPORTING

1. The committee meets monthly.
2. The minutes shall be submitted to the Medical Director for the approval within three days of the meeting.
3. The minutes of the meeting shall be circulated to the members within five days.
4. The committee in any of their meeting shall first discuss the implementation and outcome of the previous meeting with its minutes and then will proceed to the agendas of the present meeting.

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A copy of the agenda and minutes of every meeting shall be sent to the quality assurance office by the member secretary.

Audit for the hospital is done on these parameters:

1. Reception department audit

- Complaint register
- Feedback form
- Policy and procedure
- Code awareness
- Maintenance of records
- Non availability of bed
- Admission and discharge
- Aware off scope and non scope
- Referral and transfer policy

2. Store keeping department audit

- Well-maintained boxes
- Anti-rodent activity
- Rodent
- Expiry disposable
- Proper inventory
- Proper maintained
- Checking of proper expiry

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3. Pharmacy department audit

- ADR
- Dispensing
- Vish and Upvish
- Storage
- Pre requirement
- Labelling
- Expiry maintains
- Look alike sound alike
- High alert drug
- Emergency drug

4. Panchakarma department audit

- Cleaning of Panchakarma area
- Consent form
- Concern form
- Feedback form
- Procedure as per protocol
- Pre and post procedure
- Post procedure audit

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5.Infection control housekeeping department audit

- Hand hygiene
- Antibacterial cleaning
- Vulnerable patient care
- Training of fire
- Training of CPR
- Personal protection equipment training
- Regular sampling for swap culture

6.Medical record and nursing department audit

- Medication error
- Discharge summary
- Vulnerable patient care
- Medication chart
- Patient rights and responsibility
- Medical record readable clean and with proper initial, name , date , time.
- ADR

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7.Maintenance department audit

- Emergency light an alarm
- Electric appliances
- Generator
- Telephone
- MCB
- Sign board
- Door knob lock
- Table and chair
- Trolleys
- Window knobs
- Fire execution

8.Medicine preparation room department audit

- Sewage
- Bottles and boxes
- Used Utensils
- Labelling
- Gas stove induction
- Panchakarma equipment
- Medicine containers
- Medicine quality
- Room cleaning
- Inventory

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9.Kitchen department audit

- Food quality
- Bottles and boxes
- Used utensils
- Kitchen cleaning
- Washing area
- Sewage
- Labelling
- Patient menu
- Inventory
- Disposable
- Hygiene

CAPA: (Creative action /preventive action)

- In case, even after such audit, any deficiencies come out, then training of the staff is done and a copy of the audit report is prepared.
- To create a CAPA we are the first to report.
- That report is made.
- In that report it is shown that where we have found the deficiencies and what will be the solution of those deficiencies.
- After that, after training the staff, resolving the deficiencies. Inspection is done again and after that the

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audit report is prepared again. In this way the report of CAPA is prepared.

Term of the committee

5 years

Analysis of Data: All the data will be assessed in the form of Structure, process and the outcome.

Structure: Structure includes the facilities provided to the staff. Formula used for calculation. Training or awareness of the set formulas / quality improvement program is needed.

Process: Strict adherence of developed procedures in the daily work routine. In case of deviations same will be documented in the

quality indicator reporting form with proper reasoning.

Out Come: Based on the reports received trend analysis will be done and the same will be reported to NABH coordinator and Management.

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

Phone No : 01262-257211,8053988881

AUDIT MAINTENANCE

Date :

Name of Auditor :

Department of Head :

Staff :

Department :

[illegible]



Phone No : 01262-257211,8053988881

Date :

Name of Auditor :

Department of Head :

Staff :

Department :

[illegible]



Phone No : 01262-257211,8053988881

Date :

Name of Auditor :

Department of Head :

Staff :

Department :

[illegible]



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

Phone No : 01262-257211,8053988881

STORE KEEPING

Date :

Name of Auditor :

Department of Head :

Staff :

Department :

[illegible]



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Phone No : 01262-257211, 8053988881

INFECTION CONTROL HOUSE KEEPING

Date :

Name of Auditor :

Department of Head :

Department :

S No.	Topic	Quality	Lacking	Remarks
1.	Proper Training			
2.	Anti-Bacterial Cleaning			
3.	Regular Sampling of Swab Culture			
4.	Hand Hygiene			
5.	Personal Protective Equipment Training			
6.	Vulnerable Patient Care			
7.	Training of Fire			
8.	Training of CPR			



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PHARMACY

Date :

Name of Auditor :

Department of Head :

Department :

S No.	Topic	Quality	Lacking	Remarks
1.	Storage			
2.	Pre-Requirement			
3.	Dispensing			
4.	Opening Date			
5.	Labelling			
6.	Expiry Maintain			
7.	A.D.R.			
8.	Look Like and Sound Alike			
9.	Vish and Upwish			

[illegible]

[illegible]



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MEDICINE PREPARATION ROOM

Date :

Name of Auditor :

Department of Head :

Staff :

Department :

S No.	Topic	Quality	Lacking	Strength
1.	Medicine Quality			
2.	Medicine Containers			
3.	Panchakarma Equipment's			
4.	Gas stove/ Induction			
5.	Used Utensils			
6.	Disposable			
7.	Bottles			
8.	Labelling			
9.	Inventory			
10.	Sewage			
11.	Room Cleaning			