



**TULSI AYURVEDIC AND YOGA CENTRE
D-833 SARASWATI VIHAR DELHI-110034**

**Key performance indicators suitable to monitor clinical &
managerial structures, processes and outcomes**

Report on Managerial-Key Performance Indicators from August to December 2021

Managerial key performance indicators are identified in different sections and under each sec different criteria are monitored and reviews are done.

Procurement of medications

- a) Percentage of medicines procured from local purchase
- b) Percentage of stock outs
- c) Percentage of variation from procurement process.

Risk Management

- a) Variation in mock drills
- b) Incidence of falls
- c) Incidence of bedsores after admission
- d) Incidence of burn injuries during Clinic
- e) Percentage of employees provided with preventive vaccinations
- f) Incidence of Basti Vyapaths.

Adverse events and near misses

- a) Percentage of sentinel events reported, collected and analysed.
- b) Percentage of near misses
- c) Percentage of near misses during treatments according to the scope of services

Availability and content of Medical records

- a) Percentage of medical records having incomplete discharge summary
- b) Percentage of medical records having incomplete care plan
- C) Percentage of medical records having incomplete and improper consent
- d) Percentage of missing records

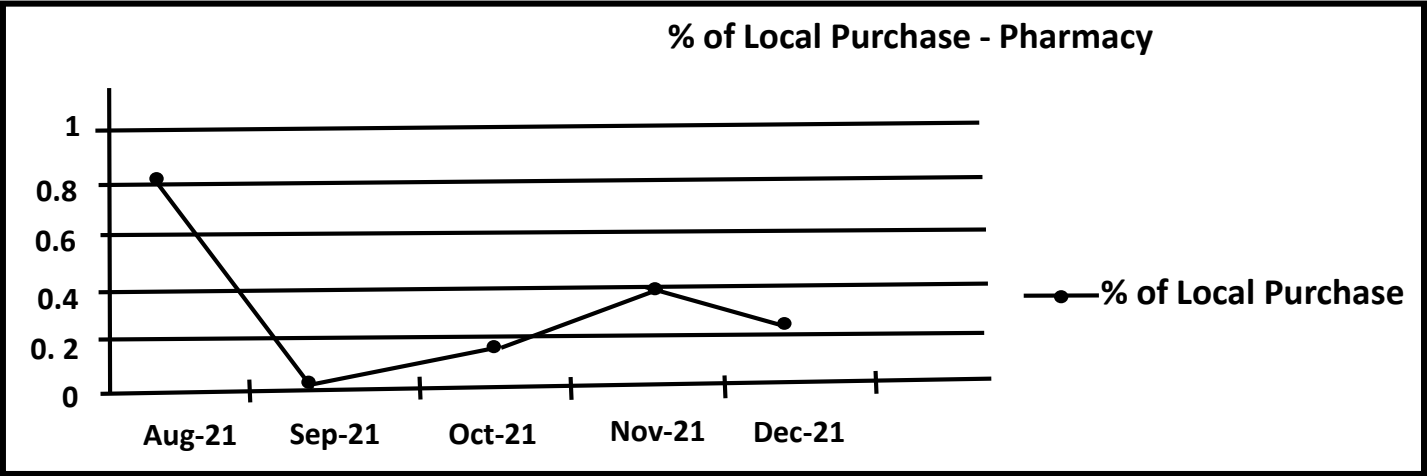
Staff Absenteeism and Attrition Rate

- a) Percentare of Absenteeism in a month should not exceer 50%

Detailed Report

- Procurement of Medication
 - a) Percentage of Medicines procured form local Purchase form August to Dec. 2021 is 0.31%
 - b) As it is a very low percentage, it could be continued in the same manner as of now.

Month	Inward Purchase Amount (Rs.)	Local Purchase Amount (Rs.)	Percentage %
August	1,54,603	11,86	0.77
September	2,41,771	130	0.05
October	3,72,447	427	0.11
November	3,91,716	1,539	0.39
December	236591	500	0.21



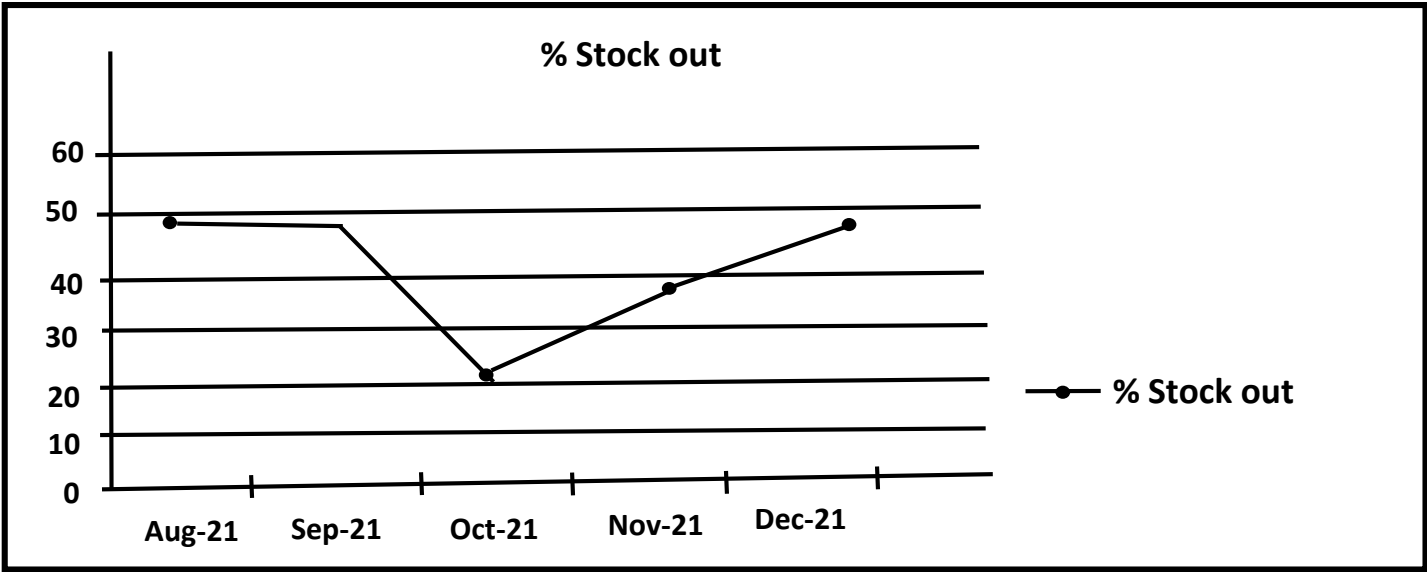
- **Procurement of Provisions**

- a) **Percentage of Provisions form local Purchase form August to Dec. 2021 is 3.7%**
- b) **As it is a very low percentage, it could be continued in the same manner as of now.**

Month	Inward Purchase Amount (Rs.)	Local Purchase Amount (Rs.)	Percentage %
August	143509	1600	1.11
September	176467	6035	3.42
October	116375	8677	7.45
November	212900	1344	0.63
December	48732	1355	2.78

c) Percentage of stock outs medicines of the the period from August to December 2021 is

Month	August	September	October	November	December
% of Stock out	47.83.%	47.83.%	21.74%	34.8%	43.5%



- d) To prevent stock outs projection the procurement should be increased.
- e) Percentage of medicines rejected before preparation of goods receipt note is 0%.
- f) Medicine Vendors Inspection was conducted and all the parameters were met.
- g) Percentage of variation from procurement process is 0%.

- **Risk management**

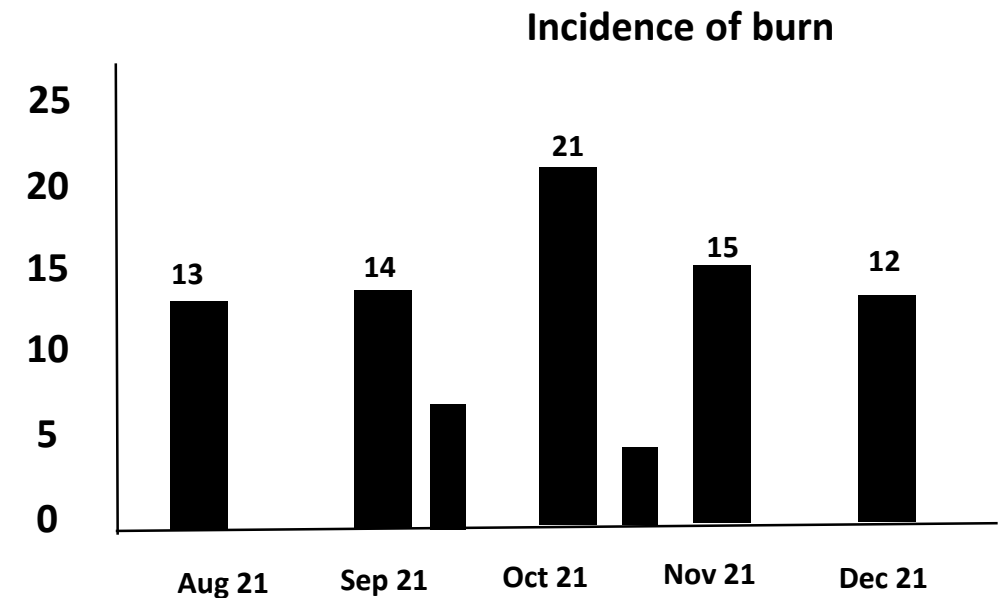
- a) No Variations were noted during the code blue, Red and pink Mock drills conducted during the period August and December 2021
- b) Quality and Timing of the Mock Drill is to be improved.
- c) Incidence of Fail:

To prevent the incidence of fall, the cause was studied and clear instructions were given to the concerned department (Safety and Therapists) to rectify and to prevent further incidence

d) No Incidence of Bedsores after admission was reported.

e) Incidence of burn injuries during Clinic stay during the period from August to December 2021

Month	Total No. of Patients	No. of incidence	Percentage (%)
August	13	0	0
September	14	0	7.1
October	21	0	4.7
November	15	0	0
December	12	0	0



Detailed Report

- Initial assessment
 - a) In the month of 1st August till 31st December 2021 evaluation was done where we had

	August	August	September	October	December
No. of OP Cases	65	61	75	85	75
Total Time taken for Initial Assessment(Min.)	1008	769	818	722	1562
Average Time Taken (Min.)	15.5	12.6	10.9	8.5	20.8

Minimum Staff to Patient Ratio was maintained for uninterrupted caring of the Patients and proper functioning of the institution.

- **Attrition Rate from the month of August to December 2021 is 0.69%**
1 Employee resigned due to some personal reasons.
- **Employees Satisfaction Index done in the month of September 2021**

EMPLOYEE SATISFACTION INDEX							
No. of Feedback	Related to Organization			Related to Individual			ESI Score %
	Average	Total	%	Average	Total	%	
44	61	85	72.05	84	135	62	67

- **Monitoring further quality improvement program**

a) Patient Feed-back system is monitored

Month	No. of Feedbacks	Doctor	Therapists	Other Staff	Room	Support Services	Overall	(%)
August	8	72	70	69	70	70	68	87.3
		90%	87.25%	86.25%	87.5%	87.5%	85%	
Sep	6	57	53	54	56	56	56	91.4
		95%	88.3%	90%	88.3%	93.3%	93.3%	
Oct	18	166	161	162	159	159	162	89.8
		92.2 %	89.4%	90%	88.9%	88.3%	90%	
Nov	6	55	90	54	54	54	53	90
		91.7 %	90%	90%	90%	90%	88.3%	
Dec	6	56	55	54	54	54	53	90.5
		93.3	90	90.7	90	90	88.3	

b) The least score is 88.8% regarding the therapists to improve the quality of the treatment, weekly Continuous Therapy training were implemented and is looked

REPORT ON MEDICAL-KEY PERFORMANCE INDICATORS FROM AUGUST TO DECEMBER 2021

Medical key performance indicators are identified in different sections and under each section different criteria are monitored, and reviews are done.

- **Initial assessment**

- a) OP waiting time Index
- b) Percentage of cases where care plan and desired outcome are documented
- c) Percentage of cases where treatment outcome is documented
- d) Bed occupancy rate

- **Medication management**

- a) Incidence of medication errors
- b) Percentage of inpatients with adverse drug reaction
- c) Percentage of medications charts with errors
- d) Percentage of cases developing ADR receiving high alert medicines

- **Treatment procedure**

- a) Percentage of rescheduling of procedures
- b) Treatment Room Utilization
- c) Percentage of wrong procedure/wrong site/wrong patient
- d) Therapy incident report

- **Infection control activities**

- a) Percentage of UTI after admission
- b) Percentage of infection caused due to basti
- c) HAI incident report

- **Outcome of the treatments**

- a) Performance target report
- b) Patient rerewery status

OP Waiting Period

Initial assessment (Min)	1008	769	818	722	1562
average time taken (Min)	15.5	12.6	10.9	8.5	20.8

- a) The average time taken for initial assessment for Op is 13.7 minutes.
- b) OP Initial assessment time should be reduced to within 10 minutes from the registration of Patient in the reception
- c) Since the infrastructure of the campus is different from other hospitals, intimation to the concerned Doctors takes time. So the delay
- d) Steps are taken and proper instructions were given to the front office staff to intimate the consulting doctor immediately upon arrival of the patient
- e) Average time taken for ip for initial assessment is 30 minutes
- f) Need to improve the time taken for IP by lowering another 5 minutes for the next quarter. Doctor should be intimated as soon as the patient arrives at the reception and further assessment can be done after

- **Treatment Procedures**

a) Percentage of rescheduling is 0%

b) Percentage of treatment room utilization :

	August	August	September	October	December
Total No. of Treatment Hours	215	174	235	73	131
Total No. of Treatment room used	133	106	163	23	102
Total Treatment room available hours	665	530	815	115	510
Average % of utilization Rate	33.82%	33.47%	29.8%	31.30	15.72

c) Percentage of worng procedure / worng site / worng patient %.

d) Only 2 Incidents were reportred therapy incidence and rectified.

Infection control activities

- a) Percentage of UTI after admission is 0%.
- b) A total of 67 vasthis administered during the period from August to December and the percentage of any infection caused due to vasthi is 0% .
- c) Hospital acquired infection incident were 0%.
- d) No further scope of improvement.

THANKS