



# **ACTIVE AYU LIFE**

C-368, Vikaspuri, New Delhi-110018

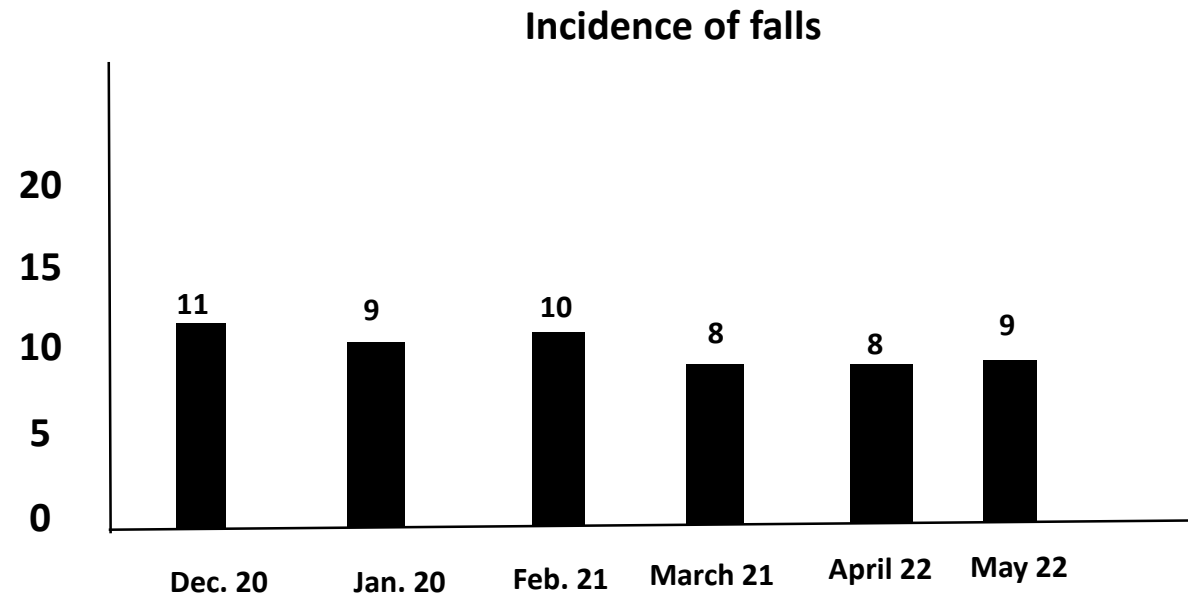
## **CLINICAL AUDIT KEY PERFORMANCE / QUALITY INDICATORS**

# 01

- Incidence of falls

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

Month	Total No. of Patients	No. of incidence	Percentage (%)
December	11	0	0
January	9	0	0
February	10	0	0
March	8	0	0
April	8	0	0
May	9	0	0



## Conclusion:

- 0% Incidence of falls injuries during hospital stay during the period from December to May 2021-22

## 02

- **Blood fluid**

Incidence of blood body fluid exposure

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
Total No. Cases	9	7	8	9	6	7
Total No of Blood Exposure	0	0	0	0	0	0
Procedure Siraveda	9	7	8	9	6	7
Procedure Leech	0	0	0	0	0	0
Total No of Needle priks	0	0	0	0	0	0
Total No of Spill	0	0	0	0	0	0

### Conclusion:

- Percentage of Incidence of blood body fluid exposure 0%.
- 0 Incidents were reported therapy incidence and rectified.

## Near Misses

### 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

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
Total no of Record	34	35	33	30	35	35
Sentinel Event	0	0	0	0	0	0
ADR	0	0	0	0	0	0
Wrong site	0	0	0	0	0	0
Near missing during treatment	0	0	0	0	0	0
Documentation	98	96	97	99	98	97

### Conclusion:

- Percentage of ADR, Sentinel event, wrong site & near misses 0%.

## 04

- **Treatment Procedures of rescheduling**

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
Total No. of Treatment Hours	215	174	235	73	131	131
Total No. of Treatment room used	133	106	163	23	102	102
Total Treatment room available hours	665	530	815	115	510	510
Average % of utilization Rate	33.82%	33.47%	29.8%	31.30	15.72	15.72

### **Conclusion:**

- Percentage of rescheduling is 0%
- Percentage of treatment room utilization :

## 05 Vyapad

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
Percentage of UTI after admission	0	0	0	0	0	0
vasthi administered	5	4	6	5	4	5
Hospital acquired infection incident were	0	0	0	0	0	0
No further scope of improvement	0	0	0	0	0	0

### Conclusion:

#### Infection control activities

- a) Percentage of UTI after admission is 0%.
- b) A total of 29 vasthi administered during the period from December to May 2021-22 and the percentage of any infection caused due to vasthi is 0% .
- c) Clinic acquired infection incident were 0%.
- d) No further scope of improvement.

- **Patient File Audits**

Medical Record Audit

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
<b>Total No. Files</b>	34	35	33	30	35	35
<b>No of Date, time ,Sign File</b>	95	96	94	95	96	94
<b>Incomplete File</b>	5	4	6	5	4	6
<b>Paper as per checklist</b>	95	96	94	95	96	95
<b>Format are filled</b>	96	96	95	94	95	96
<b>Format empty</b>	4	4	5	6	5	4
<b>Detailed Care plan</b>	95	96	94	95	96	95
<b>Pain Score</b>	5	4	4	5	4	5

## Detailed Report

- Initial assessment
  - a) In the month of December to May 2021-22 evaluation was done where we had

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
No. of OP Caese	200	290	300	300	280	300
Total Time taken for Initial Assessment (Min.)	3000	769	818	722	1562	1662
Average Time Taken (Min.)	10-15	10-15	10-15	10-15	10-15	10-15



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 December to May 2021-22 is 0.69%**  
1 Employee resigned due to some personal reasons.
- **Employees Satisfaction Index done in the month of December 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	(%)
July	8	72	70	69	70	70	68	87.3
		<b>90%</b>	<b>87.25%</b>	<b>86.25%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>85%</b>	
Aug	6	57	53	54	56	56	56	91.4
		<b>95%</b>	<b>88.3%</b>	<b>90%</b>	<b>88.3%</b>	<b>93.3%</b>	<b>93.3%</b>	
Sep	18	166	161	162	159	159	162	89.8
		<b>92.2 %</b>	<b>89.4%</b>	<b>90%</b>	<b>88.9%</b>	<b>88.3%</b>	<b>90%</b>	
Oct	6	55	90	54	54	54	53	90
		<b>91.7 %</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	<b>88.3%</b>	
Nov	6	56	55	54	54	54	53	90.5
		<b>93.3</b>	<b>90</b>	<b>90.7</b>	<b>90</b>	<b>90</b>	<b>88.3</b>	

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 DECEMBER TO MAY 2021-22**

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

## 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 10-15 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

**THANKS**