



100 वर्षों तक स्वस्थ,
सुखी व सम्पन्न जीने के लिए



JEENA SIKHO LIFECARE LIMITED

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Ref. No.

Dated

NC 11/ CQI 3 & 4: Though Clinical and Managerial KPI are Identified, but capturing of the Raw Data of KPI are not initiated.

- To improve our work on continuous basis, we worked on few relevant areas like False Incidence, Blood Fluid Exposure, Adverse Events & Near Misses Cases, Treatment procedure for Re scheduling. Below are the details which includes KPI for clinical & managerial structures, processes and the outcome.

(Signature)
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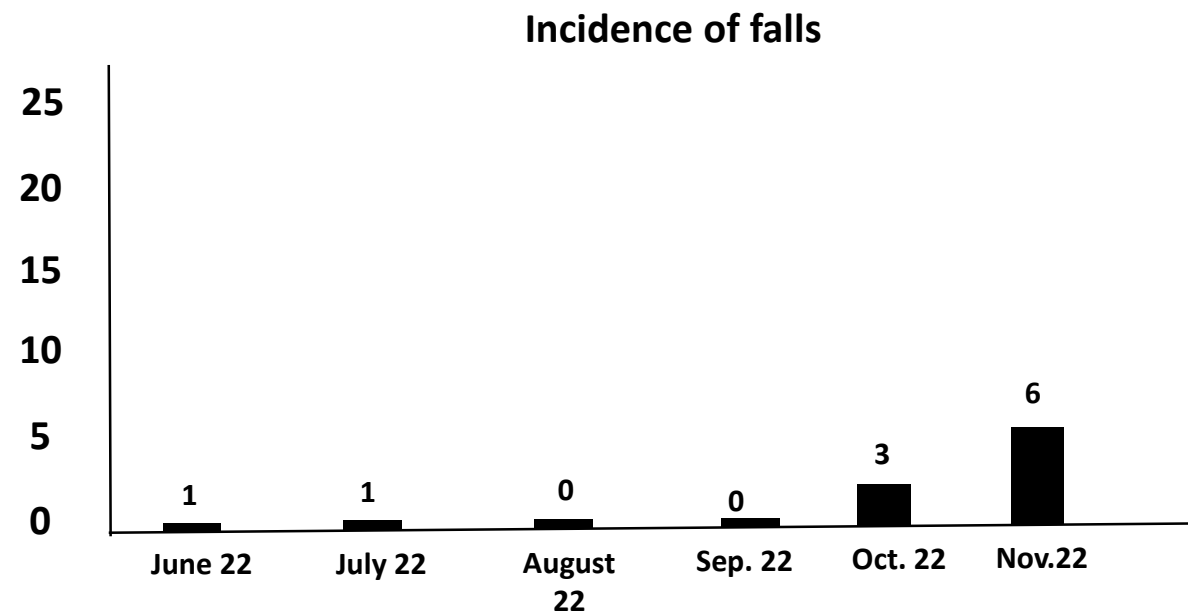
CLINICAL AUDIT KEY PERFORMANCE / QUALITY INDICATORS

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	1	0	0
January	1	0	0
February	0	0	0
March	0	0	0
April	3	0	0
May	6	0	0



Conclusion:

- 0% Incidence of falls injuries during hospital stay during the period from June to Nov 2022

02

- **Blood fluid**

Incidence of blood body fluid exposure

	June-22	July-22	August-22	Sep-22	Oct-22	Nov-22
Total No. Cases	1	1	0	0	3	6
Total No of Blood Exposure	0	0	0	0	0	0
Procedure Siraveda	0	0	0	0	0	0
Procedure Leech	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

	June-22	July-22	August-22	Sep-22	Oct-22	Nov-22
Total no of Record	1	1	0	0	3	6
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**

	June-22	July-22	August-22	Sep-22	Oct-22	Nov-22
Total No. of Therapy	2	1	1	1	2	3
Total No. of Treatment Hours	160	45	45	45	90	120
Total No. of Treatment room used	4	4	4	4	4	4
Average % of utilization Rate	28.4%	28.5%	28.5%	28.8%	31.30	33.82%

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	2	1	1	1	2	2
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 9 vasthi administered during the period from June to Nov 2022 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.

- **Patient File Audits**

Medical Record Audit

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
Total No. Files	1	1	0	0	1	3
No of Date, time ,Sign File	95%	96%	0	0	95%	94%
Incomplete File	0	0	0	0	0	0
Paper as per checklist	0	0	0	95%	96%	95%
Format are filled	0	0	0	94%	95%	96%
Format empty	0	0	0	0	0	0
Detailed Care plan	0	0	0	95%	96%	95%
Pain Score	5	5	0	0	2	3

Detailed Report

- Initial assessment
 - a) In the month of June to Nov 2022 evaluation was done where we had

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
No. of OP Cases	27	31	73	56	42	96
Total Time taken for Initial Assessment (Min.)	405	465	1,050	840	630	1,440
Average Time Taken (Min.)	15-20 Min	15-20 Min	15-20 Min	15-20 Min	15-20 Min	15-20 Min

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 June to Nov 2022 is 0.69%**

1 Employee resigned due to some personal reasons.

- **Employees Satisfaction Index done in the month of Nov 2022**

EMPLOYEE SATISFACTION INDEX							
No. of Feedback	Related to Organization			Related to Individual			ESI Score %
	Average	Total	%	Average	Total	%	
42	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
February	27	98%	95%	98%	96%	98%	95%
March	31	99%	94%	98%	95%	98%	95%
April	73	98%	93%	98%	95%	97%	95%
May	56	97%	98%	98%	95%	98%	95%
June	42	99%	96%	98%	95%	97%	95%
July	96	98%	98%	98%	95%	99%	95%

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 JUNE TO NOV-2022

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)	405	465	1,050	840	630	1,440
average time taken (Min)	15 Min	15 Min	15 Min	15 Min	15 Min	15 Min

- a) The average time taken for initial assessment for Op is 15-20 minutes.
- b) OP Initial assessment time should be reduced to within 15 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 15 to 20 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