



## **JEENA SIKHO LIFECARE LIMITED**

E-19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover,  
Jaipur, Rajasthan, 302018

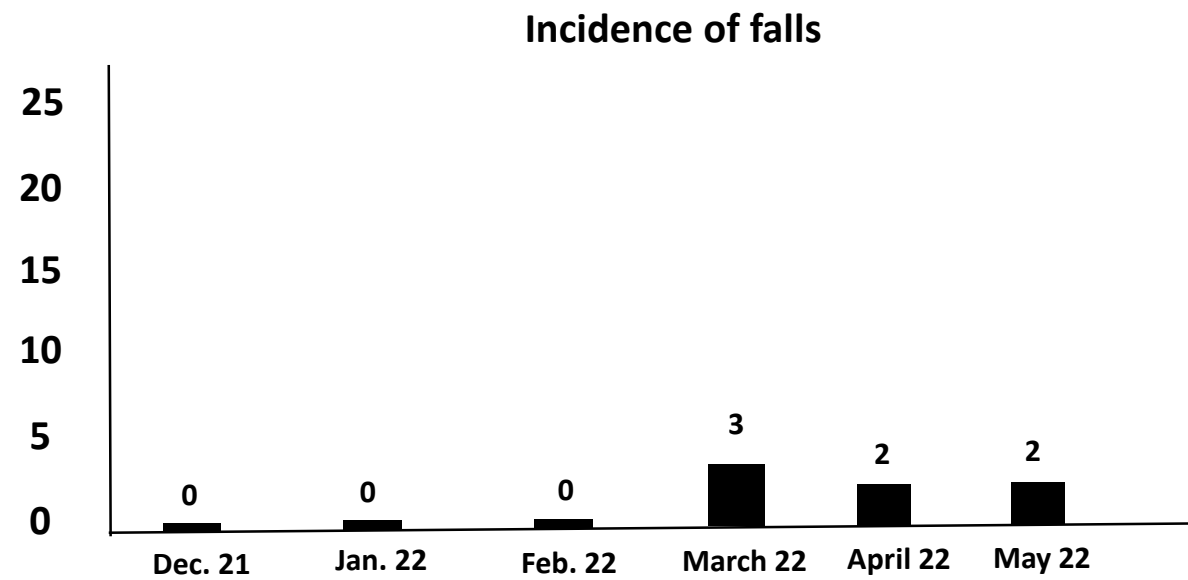
**CLINICAL AUDIT KEY PERFORMANCE / QUALITY INDICATORS**

# 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	0	0	0
January	0	0	0
February	0	0	0
March	3	0	0
April	2	0	0
May	2	0	0



**Conclusion:**

- 0% Incidence of falls injuries during hospital stay during the period from Dec 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	0	0	0	3	2	2
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

	Dec-21	Jan-22	Feb-22	March-22	April-22	May-22
Total no of Record	0	0	0	3	2	2
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 Therapy	0	0	0	10	6	7
Total No. of Treatment Hours				600	540	420
Total No. of Treatment room used	4	4	4	4	4	4
Average % of utilization Rate	0%	0%	0%	33.8%	31.30	29.82%

### **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	0	0	0	2	1	0
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 3 vasthi administered during the period from December to May 2021-22 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
<b>Total No. Files</b>	0	0	0	3	2	2
<b>No of Date, time ,Sign File</b>	0	0	0	95	96	94
<b>Incomplete File</b>	0	0	0	0	0	0
<b>Paper as per checklist</b>	0	0	0	95	96	95
<b>Format are filled</b>	0	0	0	94	95	96
<b>Format empty</b>	0	0	0	0	0	0
<b>Detailed Care plan</b>	0	0	0	95	96	95
<b>Pain Score</b>	0	0	0	5	4	5

# Detailed Report

- Initial assessment
  - a) In the month of Dec 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 Cases	4	0	13	16	28	65
Total Time taken for Initial Assessment (Min.)	60	0	195	240	420	975
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 Dec to May 2021-22 is 0.69%**

1 Employee resigned due to some personal reasons.

- **Employees Satisfaction Index done in the month of Dec 2021**

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	(%)
Dec-21	0	0	0	0	0	0	0	0
Jan-22	0	0	0	0	0	0	0	0
Feb-22	0	0	0	0	0	0	0	0
March-22	10	55	90	54	54	54	53	90
		91.7 %	98%	90%	90%	90%	88.3%	
April-22	6	56	55	54	54	54	53	90.5
		93.3%	90%	90.7%	90%	90%	88.3%	
May-22	7	58	57	56	55	55	54	92.5
		93.3%	92%	90.7%	89%	88%	87.3%	

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 DEC 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)	60	0	195	240	420	975
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**