

MANAGERIAL INDICATORS:

Key Performance Indicators- Managerial Indicators

1. Percentage of stock outs including expiry drugs.
2. Incidence of falls
3. Patient feedback
4. Patient Panchkarma therapy satisfaction index
5. Employee satisfaction index
6. Incidence of needle stick injuries

| S.NO. | Indicators | Reference Given |
|-------|---|---------------------------------------|
| 1 | Percentage of stock outs including expiry drugs | Management of Medication Manual |
| 2 | Incidence of falls | Continuous Quality Improvement Manual |
| 3 | Patient feedback | Care of patient Manual |
| 4 | Patient Panchkarma therapy satisfaction index | Care of patient Manual |
| 5 | Employee satisfaction index | Human Resource Management Manual |
| 6 | Incidence of needle stick injuries | Hospital infection control Manual |

Quality indicator and managerial indicator corrective action and preventive action

Date:

Auditor team

| S.NO. | NAME | Designation |
|--------------|-----------------------|----------------------------------|
| 1 | Dr. Jyoti Sadasivan | Consultant |
| 2 | Dr. Nikhil | RMO |
| 3 | Aakriti Sharma | Accreditation coordinator |

INDICATORS:

- 1.Percentage of stock outs including expiry drugs.
- 2.Incidence of falls.
- 3.Patient Panchkarma therapy satisfaction index.
- 4.Employee satisfaction index.
- 5.Incidence of needle stick injuries.

1. Percentage of stock outs including expiry drugs.

1.1 The purpose of the inventory control is to prevent stocking of materials which results in locking up of capital, possible pilferage and to reduce stock out problems.

1.2 The minimum stock is maintained mainly to avoid a stock-out in case the consumption increases unexpectedly or lead time extends.

1.3 Physical inventory shall be taken at least once in a year and compared with the system stock and necessary corrective action taken to remove the detected anomalies.

1.4 All the drugs in the pharmacy are stored as per the earliest expiry date. The concerned person checks the expiry date prior to dispensing of the drugs .

1.5 Stock audits are done on an annual basis.

1.6 External use medications- Disinfectants and drugs for external use are stored separately in different column in the racks/ cupboard from internal medications.

1.7 In the pharmacy the drugs which are near expiry (3 months) are marked with a yellow sticker and are used preferentially to other drugs.

1.8 Effective pest control practices are carried out on daily basis to prevent entry of rodents/ pests and worms.

1.9 All medication storage areas will be inspected once in every month to ensure medications are stored properly.

2. Incidence of falls

2.1 KRM AYURVEDA PVT LTD will ensure that all the best practices are adopted for the provision of the best quality of healthcare, to guard the overall safety of patients and their attendants, employees, facilities & the environment.

The Safety of all patients is the primary responsibility of all the hospital staff members.

The Safety of Facility, Assets & the Environment is important to ensure the provision of quality services.

2.2 Procedure of quality and safety

All services and Departments utilize the established Quality Improvement Manual throughout the facility to improve targeted areas of concern.

The quality improvement plan has been prepared by a multidisciplinary committee of the hospital under the guidance of KRM AYURVEDA PVT LTD. 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.

2.3 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:
 - Problem identification
 - Problem assessment
 - Finding the root cause
 - Solution Generation
 - Plan for the solution implementation
 - Implementation of corrective action
 - Monitoring

3. Patient Panchkarma therapy satisfaction index

3.1 Doctors are good about explaining the reason for medical test.

3.2 I think my doctor's office has everything needed to provide complete medical case.

3.3 The medical case I have been receiving just about perfect.

3.4 Sometimes doctors make me wonder if their diagnosis is correct.

3.5 I feel confident that I can get the medical on I need without being set back finally.

3.6 When I go for medical case that one careful to check everything when reporting and remaining our hospital.

3.7 I have to pay for more of my medical case than I can afford.

3.8 I have easily assist to the medical specialist I need.

3.9 Where I get medical case people, have to wait too long for emergency treatment.

3.10 Our doctors treat in a very friendly and careful manner.

3.11 Those who provide our medical case to mention every report with the case sheet.

3.12 I have some doctors about the availability of doctors who treat our patient.

3.13 I find it hard to get an appointment for medical case right treatment.

3.14 I am analysed with something about the medical cover in my hospital.

3.15 We able to get a medical case whenever I need it.

4. Employee satisfaction index

4.1_The HR department is responsible for ensuring the proper induction of the new employee to the organization by guiding him through the various steps of the induction program.

4.2 The Functional Heads shall be responsible to ensure that a new recruit in his functional area be properly oriented to his area of work and job responsibilities and provided adequate organizational information to facilitate his proper functioning within in the organization.

4.3 Orientation of the employee

A detailed orientation of the employee shall be planned for each employee by the respective In-charge in consultation with the HR department. The orientation program for each employee shall be planned in covering the following factors

Nature of the job

Roles & Responsibilities

Standard Operating Protocols / Technical Memorandum for the unit / specialty.

Employees previous training and experience

Department work schedules
Documentation / Records etc
Orientation to Hospital Information System
4.4 Performance Appraisal System

- a) The assessment year for all confirmed employees shall be from April to March every year except in the cases of new recruits for whom the assessment shall be done after their probation period.
- b) The Functional In-charges shall define the objectives / goals of the new employees after the completion of the probation period.
- c) The assessment of the new employees shall be done depending on the employment status such as Trainee/ Probationer / Annual Contracts etc.

4.5 All employee grievances shall be accepted in writing only.

4.6 The Manager HR will be the nodal representative of the management for receiving all employee grievances.

4.7 The employees shall be encouraged to take up the grievances with his immediate supervisors or the functional In-charges.

4.8 In case the employee is not satisfied with the decision of the immediate supervisor Functional In-charge or fails to receive an answer from them within 7 days, he may refer the grievance to the Manager-HR/Appellate authority.

4.9 On receipt of a written employee grievance the HR Manager shall have a closed-door discussion with the employee concerned. After verifying the various aspects of the grievance he shall have a separate or joint meeting with the employee and the Functional In-charge.

4.10 The decision on the grievance arising out of this discussions shall be noted by the HR Manager / HR Executive on the statement of grievance

with the signature of the employee, Functional in-charge and HR representative; as applicable.

4.11 All grievances received by the HR Department shall be filed and maintained for a period of at least two years.

5. Incidence of needle stick injuries

- ICN – Daily activity register
- Proforma for Needle stick
- Hand wash audit tool

| Records of Needle stick injuries and other occupational exposures within the hospital | | |
|---|---------------------------|-------------|
| | | |
| Name of employee | No. | |
| Designation | Department/ Ward/ Section | |
| Age and Gender | Dated | |
| | | |
| Time of incident | | |
| Nature of incident: Prick with solid needle/ Prick with hollow needle/ eye splash/ face splash/ torn gloves while examination, surgery. | | |
| Duration of exposure. | | |
| Clinical site | | |
| Vaccinated for Hepatitis B: | Yes/ No | If so, when |
| HbSAg titre | | |
| Patient details | | |
| Recommendations | | |
| Whether complied | | |
| Surveillance of dietary workers for carriers. | | |

▪ **ASSESSMENT:**

- The assessment process involves the relevant departments to draw conclusions about the need for more intensive measurement.
- A systematic process is used to assess collected data in order to determine whether it is possible to make improvement of existing processes, actions taken to improve the Quality Improvement processes, and whether changes in the processes resulted in improvement.
- Collected data is assessed at least annually and findings are documented and are forwarded through the proper channels.

When assessment of data indicates, a variation in Quality, more intensive

- measurement and analysis will be conducted and in addition, the department/service or team will reassess its Quality measurement activities and re-prioritize them as deemed necessary.
- Intense assessment is performed on the following:
 - Major discrepancies between preoperative and postoperative diagnoses in pathology reports
 - Significant adverse drug reactions
 - Adverse events or patterns of adverse events during anesthesia use
 - a. Unexpected patient death
 - b. Wrong site/side/patient surgery
- **Documentation:**
 - **Quality Manual:** this is an outline of hospital policies of Jeena Sikho Lifecare Limited together with the mission, vision and values of Jeena Sikho Lifecare Limited quality policy and patient safety priorities. quality manual also

contains the structure and functions of the continuous quality improvement programme.

- quality improvement programmes supported by the management.
- provision of resource for quality improvement programme.
- Resources required are identified and provided as defined in the Jeena Sikho Lifecare Limited organization chart given in the Quality Manual and documented procedure to ensure that
 - Implementation, maintenance and continual improvement of Quality management system
 - To enhance patient satisfaction.
- This includes the men, material, machine, money and method. These should be in a steady supply so as to ensure that the programme functions smoothly.
- Adequate funding
 - Adequate fund allocation is done by the organization for the smooth functioning of the programme.

i. Identifies performance improvement targets:
Identifies organization and department level quality objectives, sets targets and monitors them once in six months and modify the targets annually.

The modified targets are shared with faculty and staff at regular intervals and takes regular feedback.

Signature



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Quality indicator and managerial indicator corrective action and preventive action

Date:

We are currently and regularly working on all these indicators mainly 6 indicators we are working in ; will want till next 6 month ; will maintain the record of all the data analysis.

Signature