

Date of Meeting: - 1 Nov. 2022

Sl	Members of the committee	Names of the committee members
1	Chairman	Mr. Avinash Kumar <i>Avinash</i>
2	Chief Administrative Officer	Mrs. Kirti Shree <i>Kirti Shree</i>
3	Clinicians	Dr. Shwetambari Thakur <i>Dr. Shwetambari Thakur</i>
4	Accreditation Co-ordinator	Mrs. Kirti Shree <i>Kirti Shree</i>

AGENDA :- 1.) Review planning of quality management of system.
2.) To review various management procedures.
3.) Analysis of patients satisfaction data and complaints.
4.) Assessment of timely corrective and preventive actions.

Minutes of Meeting:- 5.) Any other issues with the permission of chair.
6.) AMC of bio-equipments.

Minutes of Meeting:

- 1.) We are strengthening our management system by reviewing planning and their effectiveness.
- 2.) Patient complaint register will be maintained properly and the grievances, if any will be sorted out at the earliest possible.
- 3.) Various issues were discussed for improving the working of hospital in terms of house keeping, audit, and disposal of hazardous material.
- 4.) We are strictly following the principle of establishment of quality indication for quality services in the hospital.
- 5.) AMC of bio-equipments are updated.

Attended By

Kirti Shree

Dr

Avinash

Paramanand Ayurveda
Plot No-2
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Kirti Shree
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PARAMANAND AYURVEDA PANCHKARMA HOSPITAL

A Unit of Paramanand Ayurveda pvt ltd

GST No. 07AAJCP1516G1ZL

PAN No. AAJCP1516G

Date 01/11/2022

Quality Indicator and managerial indicator

Corrective action and preventive action

Auditor Team :-

Mr. Avinash Kumar	-	Director
Dr Shwetambari	-	MS
Dr Suman	-	Consultant
Dr Lalit	-	RMO
Mrs Kirti	-	Co-ordinator

Indicators :-

- 1.) Percentage of stock arts including expiry drugs.
- 2.) Incidence of fall.
- 3.) Patient panchakarma therapy satisfaction index.

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- 1.) Percentage of stock outs including expiry drugs –a/c 44c 07 –
There is an established laboratory quality assurance program
--- not applicable
---we are maintaining expiry drug checking register.
- 2.) Incidence of fall – No case of incidence of falls registered in our hospital within 6 months.

3.) Patient panchakarma therapy satisfaction index :-

- 1.) Doctors are good about explaining the reason for medical tests.
- 2.) I think my doctor's office has everything required to provide complete medical care.
- 3.) The medical case I have been receiving is just about perfect.
- 4.) Sometimes doctors make me wonder if their diagnosis is correct.
- 5.) I feel confident that I can get the medical care I need without being set back financially.
- 6.) When I go for medical care, they are careful to check everything when examining me and treating me.
- 7.) I have to pay for more of my medical care than I can actually afford.
- 8.) I have easy access to the medical experts I need.
- 9.) Where I get medical done, people have to wait too long for emergency treatment.

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- 10.) Doctors act too businesslike and impersonal towards me.
- 11.) My doctors treat me in a very friendly and courteous manner.
- 12.) Those who provide me my medical care sometimes hurry too much when they treat me.
- 13.) Doctors sometimes ignore what I tell them.
- 14.) I have some uncertainty towards the ability of the doctor treating me.
- 15.) My doctor generally gives me plenty of time.
- 16.) Getting an appointment right away is very tough.
- 17.) I am dissatisfied with certain things about the medical care I receive.
- 18.) I am able to get medical care whenever I need it.

Assessment

- The assessment process involves the relevant departments to draw conclusion about the need of more intensive measurement.
- A systematic process is used to assess collected data in order to determine whether it is possible to make improvement processes and whether changes in the processes resulted in improvement.
- Collected data is assessed at half yearly 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 reprioritization is performed on the following

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- a) Major discrepancies between preoperative and post operative diagnosis in pathology reports.
- b) Significant adverse drug reaction.

Documentation

Quality Manual:- This is an outline of hospital policies of Paramanand Ayurveda Panchakarma Hospital together with the mission and vision and values of Paramanand Ayurveda Panchakarma Hospital. Quality policy and patient safety priority quality manual also contains the structure and functions of the quality improvement programme.

- Quality improvement programme supported by the management.
- Provision of resource for quality improvement programme.

Resources required are identified and provided as defined in the Paramanand Ayurveda Panchakarma Hospital organization chart given in the quality manual and documented procedure to ensure that :-

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- Implementation, maintenance and continual improvement of quality management system.
- To enhance patient satisfaction.

Corrective action and Preventive action

We are currently and regularly working on all these indicators mainly 3 indicators we are working on; will continue till next six months; will maintain the record of all the data analysis.

Managerial Indicators :

Key Performance Indicators – managerial:

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

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Quality Indicators

Key Performance/Quality Indicators:-

Ref No.	Quality Indicator	Formula	Data collection & analysis	Result
CQI 4.c.1	Incidence of falls	No. of falls 1x100	I.P.D Files Feedback Page	0
		Total no. of patients	08	0
CQI 4.g.4	Incidence of blood body fluid exposure	Number of blood body fluid exposures 1x10 Number of in-patient days	I.P.D and Panchakarma Register	0
CQI 4.g.2	Percentage of near misses	Number of near misses reported 2x100 Number of incident reports	I.P.D Files Slot Register	2
CQI 3.g.1	Percentage of re-scheduling of the procedure	Number of cases re-scheduled 1x100 Number of anushashtra karma performed in that month	I.P.D Files Slot Register	15
CQI 3.g.2	Percentage of vyapath observed by nasya/Vaman/Virechan/ Basti/ Swedan/ Snehan karma	No of vyapath observed 1x100 Total no. of patients treated with the procedure.	I.P.D Files Slot Register	0

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