

NC 06/CQ12A: Monitoring of Clinical Indicators was not evidenced by Panchkarma clinic,
No Data found

As per NABH Guidelines, we will follow and capture the Quality Indicators to monitor the clinical structures, Processes and outcomes. Attached data is from January 2022 to June 2022

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Clinical Audit

To improve the quality standards

Policy – The Policy provides a standard operating Protocol for performing clinical audit for continuous quality improvement of health care services at Shuddhi Ayurveda Panchkarma Clinic.

Shuddhi Ayurveda Panchkarma Clinic has constituted Clinical Audit Committee for monitoring quality improvement in patient assessment, care plan and patient safety in therapy department and medicinal treatment section.

- **Purpose –**

1. To identify specific areas of patient care for clinical audit.
2. To identify appropriate remedial measures for continual improvement.
3. To analyze the scope of improvement in Panchkarma therapy.
4. To provide better quality care to all patient of Shuddhi Ayurveda Panchkarma Clinic.
5. To analysis the data and implementation of correction of remedial measure to improve quality standards.

- **Scope –** Care Providers at Shuddhi Ayurveda Panchkarma Clinic

Policy for Clinical Audit –

1. Clinical Audits may be retrospective, concurrent or prospective in nature and conducted based on predefined parameters to avoid bias.
2. Audits will be carried out by fair and impartial professionals.
3. Clinical Audit committees will meet on 3 monthly basis with a specific, pre declared agenda for defining and conducting clinical audits.
4. Clinical audit training will be conducted on 3 monthly basis to implement audit.

Parameters of Clinical Audit – Clinical Audit Committees will identify performance-based parameters to improve quality health services given to patient throughout the Hospital.

A target describing the level of care to be achieved will be baseline for conducting the audit. A specific checklist will be designed to conduct the audit based on the topic of selection.

Data collection process to be predefined.

Frequency of Audit – 3 Month.

- Audit Committee Members- Dr Ravinder Kaur
- Senior Therapist: -Sanjay
- Pharmacist: - Nisha
- Infection Control Nurse: - Rupali

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Methodology

- Topic – Amvata
- Identify Panchkarma therapy (Basti) / Medicine (Vaitaran basti)
- Methodology of administration (per rectal route)

| | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | March-22 |
|---------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Total No. Cases | 10 | 12 | 11 | 09 | 10 | 11 |
| Basti Vaitaran | Yes, given days-15 | Yes, given days-15 | Yes, given days-15 | Yes, given days-15 | Yes, given days-15 | Yes, given days-15 |
| Pain Reduce | 73% | 74% | 80% | 79% | 89% | 90% |
| Pain Increases | 5% | 4% | 3% | 4% | 2% | 2% |
| Stiffness Reduce | 82% | 80% | 81% | 82% | 80% | 80% |
| Stiffness Increases | 4% | 3% | 2% | 4% | 3% | 2% |
| Heaviness Reduce | 62% | 60% | 61% | 62% | 61% | 60% |
| Heaviness Increases | 4% | 5% | 3% | 2% | 4% | 2% |
| Swelling Reduce | 80% | 79% | 81% | 82% | 81% | 80% |
| Swelling Increases | 4% | 3% | 3% | 2% | 3% | 2% |

- Conclusion
We have done clinical audit and after detail Assessment we have concluded that Vaitaran Basti per rectal route gives better result to patient. we have found reduction of pain, stiffness, heaviness swelling in good outcome.

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09/03/2022
5:01 pm

SHUDDHI AYURVEDA PANCHKARMA CLINIC
(A Unit of Jeena Sikho Lifecare Ltd)
(CHAIN OF 160 SUPER SPECIALITY AYURVEDA CLINICS & 2 HOSPITAL)
9313666680

Dr. Ravinder Kaur

(BAMS) AYURVEDACHARYA

QUALITY INDICATORS

| Sl. No | Standard | Indicator | Target value /Standard | Jan 2022 | feb 2022 | Mar 2022 | Apr 2022 | May 2022 | June 2022 |
|--------|-----------|---|------------------------|----------|----------|----------|----------|----------|-----------|
| 1. | CQI 3C | Percentage of admissions with adverse drug reaction (s) | ≤2% | 0.29% | 0.55% | 0.60% | 0.30% | 0.50% | 0.30% |
| 2. | CQI 3g | Percentage of re-scheduling of Panchakarma therapies/Treatment procedure | ≤5% | 0% | 0% | 3% | 0% | 0% | 2% |
| 3. | CQI 4b | Incidence of falls | ≤0.2% | 0% | 0% | 0% | 0% | 0% | 0% |
| 4. | | Incidence of burn injury during treatment procedures | ≤0.1% | 0 | 0 | 0 | 0 | 0.3 | 0 % |
| | CQI 4d | Critical equipment down time | ≤20 Min | 15min- | 15min- | 15min- | 15 min- | -10 min | 15min |
| 5. | | Time taken for discharge | ≤0 min | 35 min | 90 min | 45 min | 45 min | 60 min | 60min |
| 6. | | Incidence of blood body fluid exposures | ≤0.8% | 0% | 0% | 0% | 0% | 0% | 0% |
| 7. | CQI 3.G.2 | Percentage of vyapad observed by nasya/vaman/virechan/basti/swedan/snehan karma | 0% | 0% | 0% | 0% | 0% | 0% | 0% |