




PARAMANAND AYURVEDA PANCHKARMA HOSPITAL

Plot no-2, A-block Gopal Nagar, Near Prem Nursery Bus Stand Main Dhansa
Road, Najafgarh, New Delhi -110043

CLINICAL AUDIT KEY PERFORMANCE / QUALITY INDICATORS

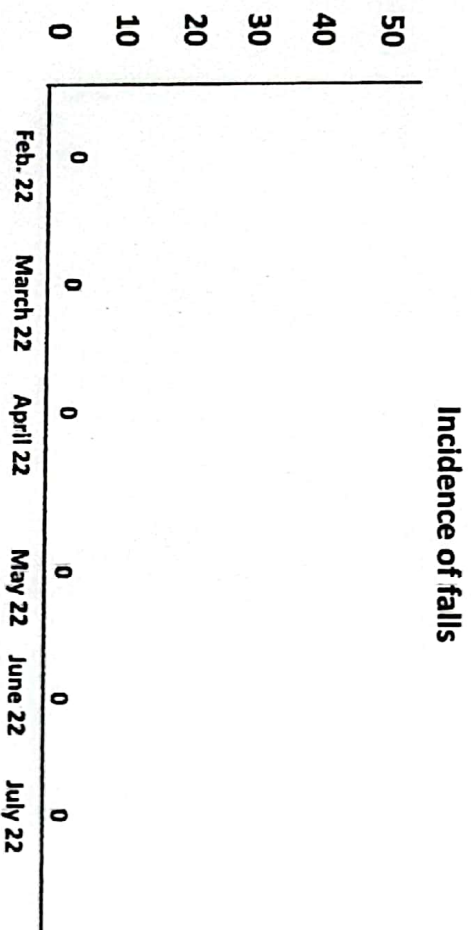

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01

- 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 (%)
February	50	0	0
March	31	0	0
April	43	0	0
May	38	0	0
June	36	0	0
July	44	0	0



Conclusion:

- 0% Incidence of falls injuries during hospital stay during the period from Feb to July 2022

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02

- **Blood fluid**

Incidence of blood body fluid exposure

	Feb-22	March-22	April-22	May-22	June-22	July-22
Total No. Cases	50	31	43	38	36	44
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.

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Near Misses

Adverse events and near misses

- Percentage of sentinel events reported, collected and analysed.
- Percentage of near misses
- Percentage of near misses during treatments according to the scope of services

	Feb-22	March-22	April-22	May-22	June-22	July-22
Total no of Record	50	31	43	38	36	44
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%.

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04

- **Treatment Procedures of rescheduling**

	Feb-22	March-22	April-22	May-22	June-22	July-22
Total No. of Therapy	72	170	183	142	133	90
Total No. of Treatment Hours	6,480	15,300	16,470	12,780	11,970	8,100
Total No. of Treatment room used	3	3	3	3	3	3
Average % of utilization Rate	32.8%	30.20%	29.82%	33.8%	31.30	29.82%

Conclusion:

- Percentage of rescheduling is 0%
- Percentage of treatment room utilization :

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05 Vyapad

	Feb-22	March-22	April-22	May-22	June-22	July-22
Percentage of UTI after admission	0	0	0	0	0	0
vasthi administered	1	5	4	3	4	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 17 vasthi administered during the period from Feb to July 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.

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06

- Patient File Audits
Medical Record Audit

	Feb-22	March-22	April-22	May-22	June-22	July-22
Total No. Files	26	14	24	17	2	2
No of Date, time , Sign File Done	95%	96%	94%	95%	96%	94%
Incomplete File	0	0	0	0	0	0
Paper as per checklist	98%	98%	98%	99%	98%	98%
Format are filled	96%	98%	98%	97%	98%	99%
Format empty	0	0	0	0	0	0
Detailed Care plan	96%	98%	98%	97%	98%	98%
Pain Score	3	4	2	2	3	2

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Detailed Report

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

	Feb-22	March-22	April-22	May-22	June-22	July-22
No. of OP Cases	50	31	43	38	36	44
Total Time taken for Initial Assessment (Min.)	1000	775	1075	950	900	1100
Average Time Taken (Min.)	20-30 Min	20-30 Min	20-30 Min	20-30 Min	20-30 Min	20-30 Min

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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 Feb to July 2022 is 0.68%**

1 Employee resigned due to some personal reasons.

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

EMPLOYEE SATISFACTION INDEX							
No. of Feedback	Related to Organization			Related to Individual			ESI Score %
	Average	Total	%	Average	Total	%	
44	61	85	72.05	84	135	62	67

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- **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	50	98%	95%	98%	96%	98%	95%
March	31	99%	94%	98%	95%	98%	95%
April	43	98%	93%	98%	95%	97%	95%
May	38	97%	98%	98%	95%	98%	95%
June	36	99%	96%	98%	95%	97%	95%
July	44	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

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REPORT ON MEDICAL-KEY PERFORMANCE INDICATORS FROM FEB TO JULY-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

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OP Waiting Period

Initial assessment (Min)	1000	775	1075	950	900	1100
average time taken (Min)	20-30 Min	20-30 Min	20-30 Min	20-30 Min	20-30 Min	20-30 Min

- a) The average time taken for initial assessment for Op is 25-30 minutes.
- b) OP Initial assessment time should be reduced to within 20 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 25 to 30 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

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