



AMALA COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar P.O., Thrissur-680 555, Kerala, India.

Website : www.amalanursingcollege.org

FIRST CYCLE NAAC ACCREDITATION 2022

CRITERION 6

GOVERNANCE, LEADERSHIP AND MANAGEMENT

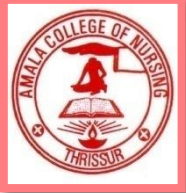
6.5. Internal Quality Assurance System

*6.5.2 Reports of Programmes/Workshops Specific to
Quality Improvement 2017-2018*

Submitted to



THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL



AMALA COLLEGE OF NURSING, THRISSUR

NABH AUDIT GUIDELINES – TRAINING WORKSHOPS



Conducted From 24-01-2017

Venue: Amala Auditorium

Time: 11 AM - 4.00 PM

IN COLLABORATION WITH QUALITY DEPARTMENT,
AMALA INSTITUTE OF MEDICAL SCIENCES



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Report on NABH Audit Guidelines - A Training Workshop

Date: 24th January 2017

Venue: Amala Auditorium

Resource person: **Dr Sanjeev Singh, Department Of quality,
Amrita institute of medical science.**


Quality objectives of the workshop

- To orient the faculty to NABH audit
- To describes the techniques of auditing
- ACON in collaboration with quality department of AIMS

Conducted a collaborative workshop on techniques of NABH auditing and how to conduct it the following were the major points discussed.

For an accredited Healthcare Organization (HCO) to maintain its accreditation status, it is mandatory that the HCO continues to comply with the requirements of Accreditation Standards for Audit is the process of reviewing of delivery of care to identify deficiencies so that they may be remedied. Clinical audit may be defined as peer review for evaluation of medical care through retrospective and concurrent analysis of medical records primary aim to improve the quality of healthcare services rendered to the patients.




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The pre requisites are

Good record-keeping system should be carried out by fair and impartial professionals Clinicians, nursing and other staff as well as patient anonymity to be maintained Purpose should be simple and clearly stated Intention should be to effect change for the better.

How to conduct regularly the audit in the current scenario was discussed in detail

The steps of audit include,

Identify the area.

Setting of standard.

Worksheet preparation and methodology of administration.

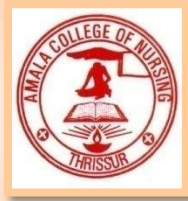
Tabulation of evaluation.

Interpretation.



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IN COLLABORATION WITH QUALITY DEPARTMENT,
AMALA INSTITUTE OF MEDICAL SCIENCES

ROOT CAUSE ANALYSIS AN ORIENTATION WORKSHOP

Conducted on 16 & 17 May 2017

Venue: Amala Auditorium

Time: 11 AM - 4.00 PM





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Report Root Cause Analysis - An Orientation Workshop

Date : 16.05.2017 to 17 .05.2017

Venue : Amala Auditorium

Resource person : Dr. Induchoodan ,Quality consultant AIMS

QUALITY TRAINING OBJECTIVES

- To orient the faculty to the process of root cause analysis
- To identify tools for root cause analysis
- To perform sample root cause analysis

ACON collaboration with quality department of AIMS conducted an orientation workshop on Root cause analysis

The day 1 included the discussion on Root cause analysis

Root cause analysis (RCA) is a process for identifying the causal factors underlying variations in performance. In the case of medical error, this variation in performance may result in a sentinel event. A standardized RCA process is mandated by the Joint Commission to identify the cause of medical errors and thus allow healthcare institutions to develop strategies to mitigate future errors

Steps

1. What happened?
2. Why did it happen?
3. What can be done to prevent it in the future?



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The first step of an RCA is to form a multidisciplinary team to analyze and define the problem. There should be a designated process to communicate with senior leadership throughout the journey while also meeting deadlines internally and with the Joint Commission.

After identifying the problem, the team should evaluate systematic factors that may have contributed to the error.

Throughout the process, it is important to collect data regarding the potential underlying causes. The team should propose and implement immediate changes so that a repeat sentinel event does not occur during the RCA process itself.

Next, the team should evaluate the list of root causes and consider their interrelationships. During the RCA process, the team will explore risk-reduction and process improvement strategies to prevent future errors at the systematic level. After identifying process improvement strategies, the team will need to communicate with senior leadership and key stakeholders to evaluate whether the proposed process modifications are acceptable.

The tools for root cause analysis was discussed on the day2 as follows

- 1 5 whys
- 2 Failure mode and effect analysis
- 3 Fault tree analysis
- 4 Fish bone diagram
- 5 Scatter plot or scatter diagram
- 6 Pareto chart
- 7 RCA



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**Quality Training Workshop on Excellence in Patient Care,
CAUTI & its risk factors - A Practical Oriented Training,
SSI- Prevention & Control an interactive seminar**



Venue: Amala Auditorium

Date: 09/10/2017 to 14/10/2017

Time: 2.00pm to 5.00 pm





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Quality Training Workshop on Excellence in Patient Care, CAUTI and its risk factors - A Practical Oriented Training, SSI - Prevention and Control An interactive seminar

Date : 9.10.2017 to 14.10.2017

Venue : Amala Auditorium

Resource persons Dr. Induchoodan and team, Dept of Quality Aims

Quality objectives

- To introduce the faculty to excellence in patient care
- To define and identify CAUTI and its risk factors
- To interact and discuss on SSI prevention and control

ACON faculty along with the department of quality AIMS underwent a series of interactive seminars from 9th to 14th October 2017 in Amala Auditorium

The main objective of the workshop was to introduce the faculty to clinical excellence in patient care

The sessions were scheduled as follows

Day 1 9th October 2017 introduction to excellence in patient care - its determinants and factors.

10th October 2017 framework for excellence inpatient care

11th October 2017 introducing CAUTI

12th October 2017 prevention and management of CAUTI

13th October 2017 Introducing SSI

14th October 2017 Prevention and control of CAUTI



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The summary of the discussion on all days are as follows

Determinants of lincial excellence

Quality in healthcare is a production of cooperation between the patient and the healthcare provider in a supportive environment. Personal factors of the provider and the patient, and factors pertaining to the healthcare organisation, healthcare system, and the broader environment affect healthcare service quality. Healthcare quality can be improved by supportive visionary leadership, proper planning, education and training, availability of resources, effective management of resources, employees and processes, and collaboration and cooperation among providers.

Framework for Clinical Excellence



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19/11
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CAUTI

Catheter-Associated Urinary Tract Infection (CAUTI) is defined as the infection in patients who use urine catheter for a minimal of three days . Long term duration of urine catheter use become a predisposition factor for *CAUTI* event. The duration of urine catheter use is the main risk factor for the development of *CAUTI* and bacteriuria . The other potential risk factors, including female gender, pregnancy, and conditions like poor nutrition, faecal incontinence, illness severity, and immunocompromised status.

SSI

Surgical site infections (SSI) are an important cause of peri-surgical morbidity with risks that vary extensively between patients and surgeries. Quantifying SSI risk would help identify candidates most likely to benefit from interventions to decrease the risk of SSI.

Preoperative identification of the risk factors for surgical site infection and patient risk stratification are essential for deciding whether surgery is appropriate, educating patients on their individual risk of complications, and managing postoperative expectations. Early identification of these factors is also necessary to help guide both patient medical optimization and perioperative care planning. Several resources are currently available to track and analyze healthcare-associated infections.



Principal

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