



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 Quality Improvement programmes

Submitted to



THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

SAMPLE REPORTS OF
QUALITY TRAINING
PROGRAMMES



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REPORT ON SEMINAR ON INTERNAL AUDIT PROCESS IN NABH ACCREDITATION HELD ON 24/3/18 FROM 11AM TO 1PM

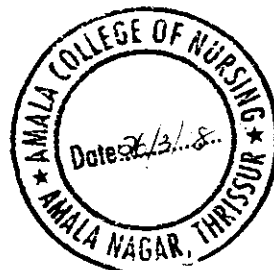
A Seminar was conducted by the quality department of AIMS for the purpose of strengthening the process of internal audit, the session was handled by Rev Fr Deljo Puthoor CMI and Mr Manikandan Quality Coordinator

The following points were discussed on the purposes of internal auditing in maintaining the NABH guidelines

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. It determines whether the system conforms to the planned arrangements and to the requirements of the applicable NABH standards and that they have been properly implemented and maintained.

The organization that has applied for NABH and/or has a desire to get NABH Accreditation must go for NABH Internal Audit as NABH Internal Audit process follows practices, methodologies, criteria and processes similar to those that will be followed by the NABH team for the actual assessment process. By getting a NABH Internal Audit done, the Healthcare organization will come to know its actual compliance/Status vis-a-vis NABH standards

The session concluded by 1pm




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ATTENDANCE SHEET FOR SEMINAR ON INTERNAL AUDIT PROCESS IN NABH ACCREDITATION HELD ON 24/3/18 FROM 11AM TO 1PM

Sl. No	Name	STATUS
1	Dr Rajee Reghunath	ABSENT
2	Sr. Litha Lizbeth (Princy C. J)	PRESENT
3	Mrs. Lakshmi G	ABSENT
4	Dr. Sr. Merly John (Molly John)	PRESENT
5	Sr. Jyothish (Shaji E J)	PRESENT
6	Mrs. Chanlin Chacko	PRESENT
7	Sr. Cherupushpam	ABSENT
8	Mrs. Jyothi K F	ABSENT
9	Mrs. Aneesha V B	PRESENT
10	Moly Thomas	PRESENT
11	Sr. Cicily James	PRESENT
12	Mrs. Mary Treesa Joseph	PRESENT
13	Sr. Sudha Rose (Rose Dency)	ABSENT
14	Mrs. Rinu David	PRESENT
15	Mrs. Fancy Paul K	PRESENT
16	Mrs. Nimi Maria Augustin	PRESENT
17	Mrs. Shaly Joseph Pullan	PRESENT
18	Mrs. Rose Maria	PRESENT
19	Mrs. Merine Therese Jose	PRESENT
20	Mrs. Sincy Paul	PRESENT
21	Mrs. Arya V Ajith	PRESENT
22	Mrs. Sreelekha R	PRESENT
23	Ms. Jane Mary Jose	PRESENT
24	Ms. Teena Paul	ABSENT
25	Mr. Don Jose K	PRESENT



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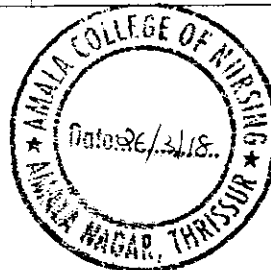
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ATTENDANCE LIST FOR THE WORKSHOP ON DOCUMENT PREPARATION GUIDELINES FOR NABH HELD ON 23 JANUARY 2018 FROM 11AM TO 1PM

Sl. No	Name	STATUS
1	DrRajeeReghunath	ABSENT
2	Sr. Litha Lizbeth (Princy C. J)	ABSENT
3	Mrs. Lakshmi G`	PRESENT
4	Dr. Sr. Merly John (Molly John)	PRESENT
5	Sr. Jyothish (Shaji E J)	PRESENT
6	Mrs. Chanlin Chacko	PRESENT
7	Sr. Cherupushpam	ABSENT
8	Mrs. Jyothi K F	ABSENT
9	Mrs. Aneesha V B	PRESENT
10	Moly Thomas	PRESENT
11	Sr. Cicily James	PRESENT
12	Mrs. Mary Treesa Joseph	PRESENT
13	Sr. Sudha Rose (Rose Dency)	ABSENT
14	Mrs. Rinu David	PRESENT
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16	Mrs. Nimi Maria Augustin	ABSENT
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21	Mrs. Arya V Ajith	PRESENT
22	Mrs. Sreelekha R	PRESENT
23	Ms. Jane Mary Jose	PRESENT
24	Ms. Teena Paul	ABSENT
25	Mr. Don Jose K	PRESENT



Report
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H. Documents related to Facility Management and Safety

117. Disposal of non-functioning items and scrap materials
118. Facility inspection round
119. Up-to-date drawings and site layout
120. Maintenance plan for the facility
121. Preventive and breakdown maintenance plan
122. Maintenance plan for water management
123. Maintenance plan for electrical systems
124. Maintenance plan for HVAC systems
125. Maintenance plan for IT and communication network
126. Equipment replacement and disposal
127. Managing medical gases (procurement, handling, storage, distribution, usage and replenishment)
128. Handling of fire (Code Red alert) and non-fire emergencies
129. List of hazardous materials in the organization
130. Handling of hazardous materials (sorting, labelling, handling, storage, transporting and disposal)
131. Managing spills of hazardous materials (including blood)

I. Documents related to Human Resources Management

132. Human resources plan of the organization
133. Job specification and job description of each category of staff
134. Recruitment and selection procedure
135. Induction programme of new staff
136. Training and development policy
137. Employee appraisal system
138. Disciplinary and grievance handling system
139. Addressing health needs of employee
140. Credentialing and privileging of medical professionals
141. Credentialing and privileging of nursing professionals

J. Documents related to Information Management System

142. Managing information needs of the organization
143. Document control process
144. Data management (dissemination, storage, retrieval)
145. Policy on who is authorized to make entries in the medical record
146. Medical record management
147. Maintaining confidentiality, security and integrity of records, data and information
148. Retention of patient's clinical record, data and information
149. Destruction of medical records
150. Medical record review

Agarwal

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78. Disposal of waste medication (cytotoxic)
79. Usage of radio-active drugs (safe storage, preparation, handling, distribution and disposal)
80. Use of implantable prosthesis (procurement, storage, issuance, and record keeping)
81. Acquisition of medical supplies and consumables

D. Documents related to Patients' Rights and Education

82. Patients' rights and responsibilities
83. Informed consent taking process
84. List of procedures for which informed consent is required
85. Uniform pricing policy
86. Effective communication with patient and family
87. Patients complaint obtaining and handling system

E. Documents related to Hospital Infection Control

88. Infection control programme
89. Infection surveillance
90. Identification of high risk areas
91. Standard Precaution/Universal Precaution for Infection Control
92. Safe injection and infusion practices
93. Cleaning, disinfection and sterilization practices
94. Antibiotic policy
95. Laundry and linen management processes
96. Kitchen sanitation and food handling
97. Housekeeping procedures
98. Infection control care bundles
99. Handling outbreak of infections
100. Sterilization process
101. Biomedical waste handling process

F. Documents related to Continual Quality Improvement

102. Organization wide quality improvement programme
103. Quality indicators with their method, targets and monitoring
104. Patient safety programme
105. Clinical audit system
106. Incident reporting, analysis and corrective preventive action system
107. Definition and lists of sentinel events
108. Analysis of sentinel events

G. Documents related to Responsibilities of Management

109. Vision, mission and values of the organization
110. Strategic and operational plan of the organization
111. Organogram
112. Managing compliance to laws, regulations, licenses and permits
113. Scope of services of each department
114. Administrative policies and procedures (attendance, leave, conduct, replacement etc.)
115. Employee rights and responsibilities
116. Service standards of the organizations



Agenda



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REPORT ON WORKSHOP ON DOCUMENT PREPARATION GUIDELINES FOR NABH HELD ON 23 JANUARY 2018 FROM 11AM TO 4PM

A workshop was held by the quality department of AIMS, Thrissur on document preparation guidelines for NABH for the ward in charges and the faculty of the college and school of nursing. The workshop was conducted at the auditorium from 11am to 1pm. The checklist for the various documents required under each of the standards of NABH was discussed in detail. The following standards were discussed:

Documents related to Access, Assessment and Continuity of Care

1. Registration and admission of patients (OPD, IPD and Emergency)
2. Managing patients during non-availability of beds
3. Transfer-in of the patient to the hospital
4. Transfer out/referral of unstable patients to another facility
5. Transfer out/referral of stable patients to another facility
6. Initial assessment of patients (Out-patients, in-patients and emergency patients)
7. Laboratory scope of tests
8. Ordering of lab tests, collection, identification, handling, transportation, processing and disposal of specimen
9. Time-frame for the availability of lab test results

A. Critical results of lab and its timely intimation

11. Outsourcing of lab tests
12. Laboratory quality assurance programme
13. Laboratory safety programme
14. Imaging scope of tests
15. Identification and safe transportation of patients to and from the imaging department
16. Time-frame for the availability of imaging results
17. Critical findings of imaging and its timely intimation
18. Outsourcing of imaging tests
19. Imaging quality assurance programme
20. Radiation safety programme
21. Discharge process (including MLC discharge and absconding cases)
22. Discharge against medical advice
23. Death discharge

B. Documents related to Care of Patients

24. Uniform care policy
25. Handling of medico-legal cases
26. Triage of patients in emergency
27. Managing dead on arrival cases
28. Identification of likely community emergencies, epidemics and disasters likely
29. Plan for handling all probable disaster situation
30. Handling of mass casualty situation
31. Clinical protocols of managing various emergency cases (for adults and children)
32. Quality assurance programme of emergency services
33. Checklist of equipment and emergency medicine in Ambulance
34. Cardio-pulmonary resuscitation and code blue process





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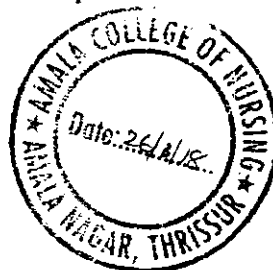
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35. Rational use of blood and blood products
36. Transfusion of blood and blood products
37. Availability and transfusion of blood/blood components in an emergency situation
38. Care of patients in ICU and HDU
39. Admission and discharge criteria for ICU and HDU
40. Managing situation of bed shortage in ICU
41. Quality assurance programme of ICU
42. Care of vulnerable patients
43. Provision of obstetric care services
44. Care of Paediatric patients
45. Administration of moderate Anaesthesia
46. Monitoring of patients under anaesthesia
47. Criteria for discharge from recovery area
48. Care of surgical patients
49. Surgical safety policies and practices
50. Quality assurance programme of surgical services
51. Organ transplant policy and process
52. Standard treatment protocols
53. Restraint of patient
54. Pain management
55. Provision of rehabilitative services
56. Conduction of clinical research activities
57. Nutritional assessment, re-assessment and nutritional therapy
58. End of life care

C. Documents related to Management of Medication

59. Hospital formulary
60. Process of acquisition of medicine in the formulary
61. Process of acquisition of medicine not listed in the formulary
62. Storage of medication
63. Safe storage and handling of look-alike and sound-alike medication
64. List of emergency medicine and its storage
65. Prescription of medicine
66. Policy and process on verbal orders of medication
67. List of high risk medicines
68. Safe dispensing of medicines
69. Medication recall
70. Procedure for near expiry medicine
71. Labelling requirements of medicine
72. Safe administration of medication
73. Policy on patient's self-administration of medicine
74. Monitoring of patients after medication administration
75. Recording and reporting of medication errors, adverse events and near misses
76. Procedure for usage of narcotic drugs and psychotropic medications
77. Usage of chemotherapeutic medications



Depot



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REPORT ON WORKSHOP ON NABH – AUDIT GUIDELINES ON DECEMBER 15 2017

Amala Institute of Medical Sciences is going for full NABH assessment in the near future , hence the entire hospital and academic staff needs to be aware of the audit guidelines

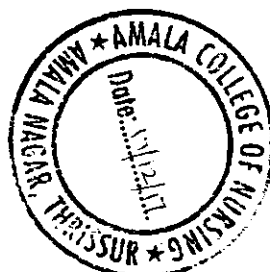
Quality department of AIMS are organizing a series of workshops for all faculty on the guidelines for conducting clinical and quality and safety audits. The various parameters/ benchmarks of quality were introduced in the workshop which was conducted in the SH block auditorium

The need for formation of quality circles and quality teams were emphasized , the various techniques of conducting audit was also explained The sessions were taken by Dr Induchoodan Quality consultant of Amala Institute Of Medical Sciences The focus of Amala is on gaining a full level NABH Hence a thorough explanation was given on the various chapters of the 4th edition of NABH, the session was rated as excellent by the participants

And the following faculty from Amala College OF Nursing attended the session

List of faculty who attended the CME

SL NO	NAME	DESIGNATION
1	SR LITHA LIZBETH FCC	ASSOCIATE PROFESSOR
2	SR NIRAMALA FCC	VICE PRINCIPAL
3	SR MERLY JOHN	ASSOCIATE PROFESSOR
4	LAKSHMI G	PROFESSOR
5	MRS MARY TREESA JOSEPH	ASST PROFESSOR
6	JYOTHY KF	ASST PROFESSOR
7	ROSE MARIA	LECTURER
8	NIMI MARIA AUGUSTIN	LECTURER
9	FANCY PAUL	LECTURER
10	SR SUDHA ROSE	LECTURER
11	SR JYOTHISH CSC	ASSISTANT PROFESSOR
12	SR DONA SABS	ASSISTANT PROFESSOR




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REPORT ON SESSION ON NABH – GUIDELINES & CHAPTERS –AN ORIENTATION TO STAFF

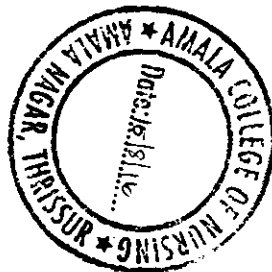
A Session on orientation to NABH 4th edition was arranged by quality department for all staff in Amala on August 13th 2016

The sessions were taken by Dr Induchoodan Quality consultant of Amala Institute Of Medical Sciences The main focus of the session was on defining the quality assurance process and also the various types of quality assurance systems present in hospitals such as NABH, ISO, JCI etc The focus of Amala is on gaining a full level NABH Hence a thorough explanation was given on the various chapters of the 4th edition of NABH, the session was rated as excellent by the participants

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6	JYOTHY KF	ASST PROFESSOR
7	ROSE MARIA	LECTURER
8	NIMI MARIA AUGUSTIN	LECTURER
9	FANCY PAUL	LECTURER
10	SR SUDHA ROSE	LECTURER




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